

# *Florida* **HEALTH NOTES**

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • JANUARY, 1943 • VOL. 35 • No. 1

# Florida HEALTH NOTES

ESTABLISHED 1890

Hon. Spessard L. Holland  
Governor of Florida

## BOARD MEMBERS

Herbert L. Bryans, M.D., President.....Pensacola  
William Parr, Ph. G.....Tampa  
Robert B. McIver, M.D.....Jacksonville

Henry Hanson, M. D.....State Health Officer

## ACCREDITED HEALTH UNITS

### STATE BUREAUS—DIVISIONS JACKSONVILLE

**Accounting**  
G. Wilson Baltzell  
**Dental Health**  
Lloyd N. Harlow, D.D.S.  
**Local Health Service**  
A. W. Newitt, M.D.  
**Narcotics**  
M. H. Doss  
**Engineering**  
John B. Miller, Acting Director  
**Health Education**  
Elizabeth Bohnenberger  
**Laboratories**  
J. N. Patterson, M.D.  
**Maternal & Child Health**

County	Town
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Broward	Ft. Lauderdale
Clay	Green Cove Springs
Dade	Miami
Duval	Jacksonville
Escambia	Pensacola
Franklin	Apolachicola
Gadsden	Quincy
Gilchrist	Trenton
Glades	Moore Haven
Gulf	Port St. Joe
Highlands	Sebring
Hillsborough	Tampa
Jackson	Marianna
Jefferson	Monticello
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Madison	Madison
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Orange	Orlando
Pinellas	Clearwater
Santa Rosa	Milton
Seminole	Sanford
Taylor	Perry
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak
Washington	Chipley

### STATE BUREAUS—DIVISIONS JACKSONVILLE

**Public Health Nursing**  
Ruth E. Mettinger, R.N.  
**Vital Statistics**  
Edward M. L'Engle, M.D.  
**Epidemiology**  
E. F. Hoffman, M.D., Acting Director  
**Tuberculosis**  
Lynne E. Baker, M.D.  
**Venereal Disease Control**  
W. T. Sowder, M.D.  
**Malaria Control**  
John E. Elmendorf, Jr., M.D.  
**Malaria Research**  
Mark F. Boyd, M.D.  
Tallahassee  
Rockefeller Foundation  
**Entomologist**  
W. V. King, Ph.D.  
Orlando  
U. S. Bureau Entomology

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act. of Aug. 24, 1912.

## ★ PROGRAM OF A STATE HEALTH DEPARTMENT

By HENRY HANSON, M. D., *Florida State Health Officer*

The scope of the State Board of Health's program and the functions of the various bureaus within it is perhaps not realized by many Florida citizens. In our own Board of Health we have 14 bureaus and divisions, as you will note by consulting the inside page of *Health Notes*. In addition, we have a department of Malaria Research under the direction of Dr. Mark F. Boyd of the Rockefeller Foundation. We did have a Consulting Entomologist, Dr. W. V. King of the United States Department of Agriculture, but at the present time Dr. King is a Lieutenant Colonel in the Army.

Dr. John E. Elmendorf is training entomologists in the Division of Malaria Control with the assistance of Mr. John A. Mulrennan, Mr. Ralph C. Barnes and Mr. Paul T. Riherd.

The program of the State Board of Health attempts to utilize the services of all bureaus in such manner that every county and every section of the state will profit by these services.

A detailed analysis of the functions of each bureau of the State Board of Health would require much more space than is available in one issue of *Health Notes*. Some of these bureaus, such as Accounting, Local Health Service, Sanitary Engineering, Health Education, Laboratories, Vital Statistics, Tuberculosis and Venereal Disease Control, have grown enormously. At least an entire issue of *Health Notes* would be required in order to present a comprehensive outline of the work of each.

In addition to supervision of the complete public health program, many varied and serious health problems come to the attention of the health administrator. As I was writing, or thinking, about this article, two ladies came into my office, each with a child who had been exposed to a rabid dog. I could find no history of the bite nor evidence that either child had scratches or abrasions which might be a

continued on page 7

## ★ DENTAL TRAILER CLINIC

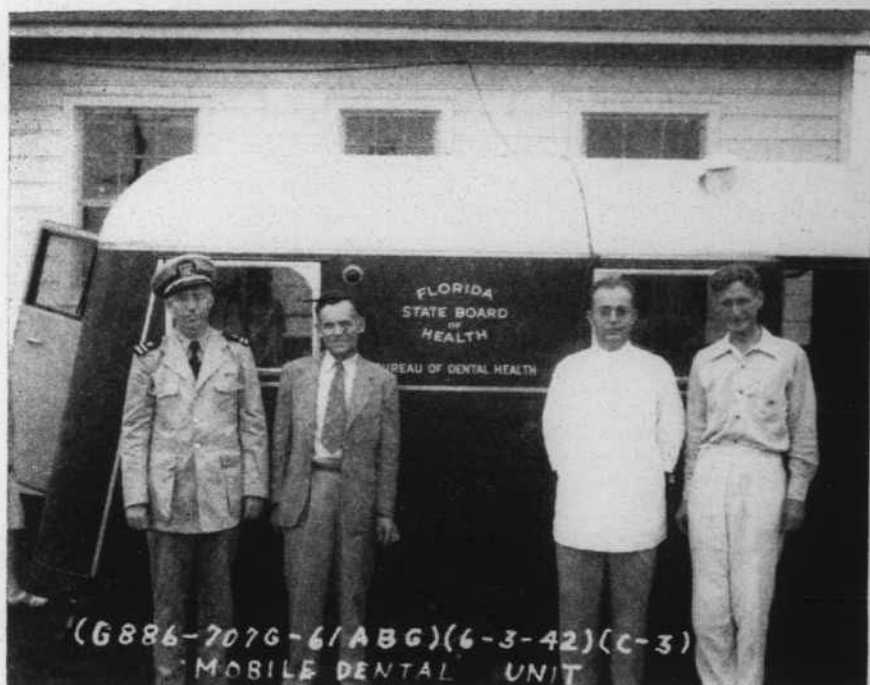
By LLOYD N. HARLOW, D.D.S., *Director*  
*Bureau of Dental Health*

In 1939-40, the Bureau of Dental Health made an extensive study of over 45,000 children to determine their dental needs and their economic status. The survey showed that while some of the children were receiving dental inspections and dental health education, the majority were suffering from the lack of dental corrective service. It was found that where dental health education and inspection programs had been conducted in our schools, but no provision made for the children to receive dental treatments, that the education program was most ineffective and the inspection program wasted. Many schools were using the dental honor roll system. If the children had dental defects, it was necessary to have all corrections made before they could be placed on the honor roll, which caused much embarrassment to those children whose parents were not financially able to have the corrections made. This practice was discouraged and in most instances it was soon eliminated.

Where dental services were not available, the Bureau of Dental Health in cooperation with the Florida State Dental Society sought to establish dental clinics, wherever possible, to give assistance to these children. The assistance consisted of full- and part-time clinics and service by the dentists in their private offices. Still, there were other localities left without dental service because of their great distances to a dental office.

The most astounding of our findings was that Florida has eleven counties in which there is not a registered practicing dentist. The total population of these counties is 62,263 (1940 census), with a school enrollment of approximately 10,400. A dental survey of the eleven counties showed that 3,620 of the children are considered dental indigents (unable to pay for any dental service whatsoever) and that approximately 4,680 are not financially able to obtain adequate dental service—if a dentist were available. Thus there are approximately 8,300 children unable to secure dental attention. This figure does not include those children in other counties who live at such great distances from a dental office that it is difficult to receive dental care.





State Board of Health Dental Trailer Clinic. Reading left to right: Leland H. Evans, Passed Assistant Dental Surgeon, U. S. Public Health Service; Lloyd N. Harlow, D. D. S., Director of Dental Health, Florida State Board of Health; Drew H. Turner, D. D. S., Field Dentist; and Mr. W. V. Allsopp, Plew Heights Housing Manager, Valpariso, Florida.

With these facts in mind, the Bureau of Dental Health in its endeavors to provide dental care for the children in such localities, purchased and equipped a dental trailer. Dr. D. H. Turner, who had been spending all of his time on educational activities, was assigned to conduct the dental trailer clinic in these communities. The dental trailer clinic is available to any community that makes application for it through the local health department, school authorities, or civic organizations. The application should indicate that dental service cannot otherwise be obtained. It is necessary for the trailer to be set up where electricity and running water are accessible. A health unit department or a centrally located school is the usual place, and school authorities have been most cooperative in transporting the children from out-lying schools to the clinic. Both white and colored preschool and school children, as well as maternal, patients are entitled to the dental service.

An educational program goes hand-in-hand with the corrective program, as the teachers are given the true facts for teaching dental health in the schools and the children receive individual instruction



INTERIOR VIEW OF DENTAL TRAILER CLINIC

in the care of their mouths. Dental health moving pictures for schools and civic organizations are presented in conjunction with the program.

There is such a great demand for the dental trailer clinic that, with only one trailer and only one field dentist, it is not

possible to visit in one year all the counties from which requests are received. The schedule is made so that the least amount of travel is required.

Although other duties have prevented Dr. Turner from devoting all of his time to a corrective program, eight counties have been visited within the past twelve months. During that period, 1,712 preschool, school, and maternal patients were given corrective service. Of this number, 1,003 required one or more repeat visits to have their treatments completed. The services rendered were: 1,402 fillings, 1,350 extractions (all with an anesthetic), and 1,310 other dental operations including prophylaxis.

All counties which have requested the dental trailer clinic—but which have not yet been visited—will receive the service just as soon as it is possible for Dr. Turner to be with them. We hope that all will have been visited by the end of 1943.

---

PROGRAM OF A STATE HEALTH DEPARTMENT, continued from page 3

portal of entry for the virus of rabies. These children had been exposed to the dog ten days before it died—a situation which puts the Health Officer in a quandary as to what he should advise.

If there had been any definite evidence of a bite or abrasions there would be no question as to what should be recommended. The only safe thing to do in such instances is to administer the Pasteur treatment or, as it is now known, the antirabic treatment.

It is difficult to understand why so many dogs of no value whatsoever are allowed to run loose in this state. It is reminiscent of what happened in 1911 in Jacksonville, when in one summer several two-year old babies were bitten by rabid animals.

An effort is being made to impress the people and public authorities with the importance of having all stray homeless dogs picked up and disposed of. If all stray and homeless curs were picked up and impounded it is entirely possible that rabies could be controlled and probably eliminated from a community. Until such a program is adopted we will be compelled to continue buying antirabic treatments and having our occasional case of fatal rabies, which is the most horrible death a doctor ever sees.

This apparent digression from my original theme of the complete public health program is not actually a digression but only serves to indicate the various and individual problems which occur over and beyond the consideration of the whole public health program.

## ★ EPIDEMIOLOGY

By E. F. HOFFMAN, M.D., *Acting Director*  
*Bureau of Epidemiology*

Epidemiology is an application of the science which concerns itself with the natural history of disease as it affects the masses. It requires a knowledge and study of those communicable and non-infectious diseases affecting groups of persons related by some common factor, such as, location, occupation, season, age, race, and sex. To obtain this information, requires the wholehearted support and understanding of the practicing physician, upon whom we rely to make the initial report of the occurrence of a communicable disease. Of such great importance is this initial report in epidemiological study and investigation, that the State Board of Health has seen fit to insure the reporting of communicable diseases by formulating Regulations 5 and 37B of the Communicable Disease Control section of the *Florida State Sanitary Code*. In Executive Session on November 25, 1942, these Regulations were revised by the State Board of Health to conform with the more modern needs for control.

The clause permitting the reporting of venereal diseases by number has been omitted in Regulation 5 which now reads as follows:

"Every physician or professional attendant having under his care or observation a person affected with or apparently affected with a communicable disease, shall report to the health officer or other health authority within whose jurisdiction such patient is, the full name, age, address, and occupation of the patient, with the name of the disease. Such report may be made by telephone if practicable, but if not practicable the report shall be made in writing within twelve hours after his recognition of the disease. The health officer upon receiving a report of a case of communicable disease shall make, or cause to be made, a record of the case for his own file and immediately forward the original report to the State Board of Health."

We no longer place a stigma on a sufferer of venereal disease as distinguished from a sufferer of any other communicable disease. The study, investigation and control of any communicable disease is practically impossible without the name and location of the ill person.

It is realized that today more than ever the busy practicing physician is prone to forget to report a case now and then and needs to be reminded.

Physicians are constantly being encouraged to confirm clinical diagnoses of their communicable disease cases and the private laboratories are now required to report all positive laboratory findings to the Bureau of Epidemiology, Florida State Board of Health, by Regulation 37B of the Florida State Sanitary Code. This Regulation was also revised by the State Board of Health in Executive Session on November 25, 1942, and reads as follows:

"Every physician, technician, or other person who makes an examination of any body fluid, excretion or secretion, or who is in charge of a laboratory in which such examination has been made, and finds evidence indicating the possible existence of a communicable disease in the body from which the specimen was obtained, shall forthwith report such finding to the State Board of Health, and to the county or city health officer of the county or city from which the specimen was obtained giving the name and address of the person from whom the specimen was obtained, and the name and address of the physician for whom the examination was made; provided further that all negative reports and specimens obtained from foodhandler's contacts of known cases or suspected carriers in epidemiological investigations shall also be reported, in the same manner, to the State Board of Health and the county or city health officer from which the specimen was obtained."

Here again the permissibility of reporting by number has been deleted for similar reasons.

Our bureau has adopted the policy of writing to each physician in whose name a positive laboratory report is made for which no corresponding morbidity report has been received. In this way the laboratory findings are verified by the clinical findings of the attending physician and unreported cases are promptly reported on receipt of a letter of reminder from this bureau. Thus far, the results of this method have been very encouraging.

The necessary control measures for the disease reported should be instituted immediately by the local health officer on receipt of a prompt report. In unorganized counties this function is performed at the earliest opportunity by a representative from the Bureau of Epidemiology.

All death certificates on communicable diseases will be checked to see that a morbidity report was made previously. A report will be called for on an unreported communicable disease case resulting in death.

It is only by the complete reporting of all cases that a complete and true picture of a current outbreak or epidemic of communicable disease can be obtained. A true picture of such an occurrence is essential to the proper study and control of the particular outbreak and the control of similar future occurrences.



# NUMBER OF CASES OF INFECTIOUS DISEASES AND HOOKWORM REPORTED IN FLORIDA, 1918-1942

YEAR	TYPHOID PARATYPHOID	EPIDEMIC MENINGITIS	SCARLET FEVER	WHOOPING COUGH	DIPHTHERIA	TUBERCULOSIS	DYSENTERY	MALARIA	SYPHILIS	INFLUENZA	MEASLES	POLIOMYELITIS	TYPHUS FEVER	HOOKWORM
1942	194	25	251	815	245	1,126	50	85	27,470	221	4,241	40	301	10,552
1941	183	27	205	747	212	981	57	145	21,258	3,832	11,261	263	196	7,944
1940	115	7	270	383	223	1,018	44	149	19,889	653	2,305	33	111	9,455
1939	29	20	398	1,124	277	562	59	435	21,092	402	2,716	66	152	5,766
1938	170	61	352	876	456	739	62	471	18,243	112	9,149	32	75	6,081
1937	142	168	377	504	609	1,120	53	894	14,532	544	635	35	107	8,321
1936	97	120	299	383	309	621	49	869	3,287	587	307	42	55	2,211
1935	173	19	273	532	426	523	19	813	4,389	662	1,176	16	27	6,739
1934	132	5	190	723	491	603	41	1,106	5,198	65	8,115	16	36	8,984
1933	186	10	203	508	452	661	33	1,011	4,833	1,267	1,048	8	54	4,870
1932	267	8	235	379	735	591	21	318	4,063	335	217	8	42	3,076
1931	186	36	266	254	501	511	16	339	3,965	1,543	3,799	17	31	3,062
1930	141	18	341	398	491	487	24	576	4,199	104	5,287	11	39	2,054
1929	181	18	351	1,171	580	762	48	1,535	4,273	3,769	1,117	33	48	1,972
1928	338	20	376	321	588	943	75	844	4,307	1,631	1,709	23	49	1,092
1927	591	42	501	654	1,095	1,107	82	360	4,955	481	2,582	39	45	1,983
1926	652	18	459	748	1,224	1,335	90	400	3,509	1,213	1,126	16	16	784
1925	752	16	175	493	768	1,468	88	665	5,736	761	128	59	2	3,467
1924	641	24	156	444	681	1,573	130	1,030	5,066	345	3,244	8	4	4,890
1923	609	23	94	410	619	1,210	81	1,050	2,090	1,015	2,896	15	—	1,466
1922	545	8	104	94	886	1,404	117	970	1,762	1,635	140	16	—	3,869
1921	733	20	172	333	856	1,313	130	979	2,952	643	575	7	1	675
1920	525	28	164	347	576	1,248	92	1,865	2,993	10,379	369	6	1	1,055
1919	539	34	146	203	510	1,009	199	1,895	2,429	2,010	775	6	1	2,057
1918	491	75	138	557	329	522	264	931	1,640	11,631	2,187	6	1	173

## ★ SANITATION AND SAFE EATING

By J. B. MILLER, *Acting Chief Sanitary Engineer*  
*Bureau of Sanitary Engineering*

One of the most acute problems facing public health workers and owners and operators of food handling establishments is the problem of sanitation in connection with the preparation and serving of food and drink in public eating and drinking places.

The principal purpose of sanitary measures in restaurants, beer parlors, coffee shops, saloons, cafes and such places is to minimize the transmission of disease-producing organisms from customer to customer or from food-handlers to customers. Diseases which may spread through food and drink handling establishments where sanitation is lax are respiratory diseases, which include the common cold, influenza, tuberculosis and whooping cough. Typhoid fever, dysentery, septic sore throat, and, of course, food poisoning, also have been traced many times to lack of sanitation in eating and drinking places.

One of the principal measures of sanitation to be carefully effected for safe eating is the *sterilization* of forks, spoons, drinking glasses, and cups. These utensils and dishes can be effectively and bactericidally treated by several methods such as scalding hot water, chemical immersion, (chlorine solution), or live steam. Before being treated for destruction of disease germs, the dishes and utensils must, of course, be thoroughly washed with hot water and soap. (It is practically impossible to kill the germs on dishes which are still dirty). Proper washing and bactericidal treatment of glasses, silverware and dishes is a primary requirement of the sanitation barrier against disease in eating places. Medical authority tells us that infections, particularly the respiratory group of diseases, may be spread by such objects as spoons, cups and glasses and other things that are mouthed or handled. Germs causing such diseases may in large part be washed off the dishes by proper use of hot water and soap. The disease germs remaining on the washed dishes can then be destroyed with scalding water or chlorine solution of rinse water.

continued on page 13

## ★ RECRUITMENT

By RUTH E. METTINGER, R.N., *Director*  
*Bureau of Public Health Nursing*

### NEED FOR STUDENT NURSES

Nursing is one of the most critical manpower shortages of the war. More nurses are needed for our total war effort. To obtain more nurses for our war effort more students will have to enroll in our schools of nursing. One of the most important contributions women will make in this war will be in the field of nursing. Because of the great shortage of nurses the government has requested that more women enter schools of nursing in the school year 1942 and 1943.

Campaigns for recruiting of student nurses earlier in the year have not been sufficient to meet the demand. The need is still so great that 19,000 more students will have to enter the mid-year classes in January and February, which is twice the number that entered last year. The constant threat of epidemics, disaster, or enemy action makes necessary a reserve of nurses throughout the country to prevent needless suffering and loss of life.

Since Pearl Harbor 15,000 nurses have been taken into the Army and Navy Nurse Corps, leaving hospitals, health agencies and the sick in the home with a frightening shortage of nurses. Yet the Army and Navy are calling for 3,000 more nurses each month. Mrs. John L. Whitehurst, President, General Federation of Women's Clubs, recently made the following statement:

"The need for nurses in this country at the present time is so great that I am asking everyone of the 16,500 clubs in the General Federation of Women's Clubs, not only to recruit nurses, but to raise at least one scholarship of \$250.00 for a student nurse. Girls entering schools of nursing are doing an important war job, as their work in a hospital will help free a graduate nurse to go to one of our units overseas. The aim of our nursing program, carried on in cooperation with the American Red Cross and the National Nursing Council for War Service, is to recruit 20,000 nurses this winter in order that our armed forces and the civilian population may be assured of adequate nursing care."

Federal scholarships that cover part or all of the cost of training are available for qualified girls who are well fitted for the work but cannot meet the cost. Application for scholarship should be made to the school of nursing that the girl wishes to enter. Choosing a good school is important. A list of schools in each state, receiving Federal aid,

can be secured from the Secretary-Treasurer of the Board of Examiners, Miss Florence Moore, Winter Park, Florida. A list of these schools is also published in the October *American Journal of Nursing*, page 1195.

REQUIREMENTS FOR BECOMING A STUDENT NURSE ARE:

- ★ **Age between 18 to 35 years.**
- ★ **High school graduate, or better, with satisfactory grades.**
- ★ **Citizenship (American).**
- ★ **Good Health.**

To encourage girls to enter schools of nursing the Florida State Nurses' Association purchased a film, *Nursing*, which has been loaned to the Extension Department, University of Florida, Gainesville. This can be borrowed by writing to Miss Bernice Mims, Director of Visual Education, at the University.

This is work for high school and college girls to do, work in the service of their country, which is calling for student nurses to replace the vacancies left by the graduates who have entered military service.

SANITATION AND SAFE EATING, continued from page 11

Every day there seems to be more and more customer recognition of the lack of sanitation now in food and drink establishments. It seems only fair, however, that recognition be given also to the difficulties being experienced by operators of these places. In general, these difficulties are rapid turn-over and scarcity of help, priorities on materials and sanitary equipment, and very heavy patronage because of the enormous population increase due to military and industrial projects.

Patrons of eating places should insist upon the safeguard of sanitation. It does take a little longer, however, to properly carry out these safeguards, and patrons should be patient enough to permit the kitchen force to take time enough for the job. Lip rouge on glasses or cups, particles of food on the silverware, are certainly indicative of conditions not conducive to safe eating. Look for these signs and call them to the attention of the operator of your favorite cafe, soda fountain, beer parlor or restaurant. Remember that proper sanitation may make you wait a little longer for service in a restaurant, but your food and drink will be cleaner and safer.

# RESIDENT DEATHS AND DEATH RATES PER 1,000 POPULATION BY COLOR, BY COUNTIES, FLORIDA, 1941

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
STATE	21,438	11.2	13,842	9.9	7,596	14.7
Alachua	499	12.9	230	10.1	269	16.8
Baker	53	8.1	41	8.2	12	7.9
Bay	164	7.9	115	6.9	49	11.5
Bradford	114	13.1	75	11.6	39	17.5
Brevard	195	12.0	125	11.4	70	13.2
Broward	378	9.3	226	8.6	152	10.6
Calhoun	46	5.6	36	5.2	10	8.0
Charlotte	54	14.7	36	12.0	18	26.7
Citrus	82	14.0	47	11.3	35	20.6
Clay	141	21.8	106	22.4	35	20.2
Collier	32	6.3	19	5.7	13	7.2
Columbia	178	10.5	80	7.7	98	15.0
Dade	2661	9.8	2027	9.1	634	12.5
DeSoto	90	11.6	73	11.8	17	10.7
Dixie	69	9.7	39	9.8	30	9.7
Duval	2679	12.6	1429	10.0	1250	18.1
Escambia	836	11.1	551	9.5	285	16.0
Flagler	37	12.3	16	9.6	21	15.7
Franklin	63	10.5	35	8.8	28	14.0
Gadsden (Ex.)	293	10.9	80	7.2	213	13.4
State Hospital	328	72.9	215	74.9	113	69.2
Gilchrist	37	8.7	30	8.3	7	11.0
Glades	14	5.1	11	6.6	3	2.8
Gulf	67	9.4	39	8.3	28	11.4
Hamilton	99	10.1	46	8.1	53	12.8
Hardee	108	10.6	94	10.0	14	19.3
Hendry	37	7.0	22	6.5	15	7.9
Hernando	61	10.8	39	9.6	22	13.8
Highlands	109	11.8	69	9.4	40	20.6
Hillsboro	2070	11.4	1544	10.3	526	16.6
Holmes	91	5.9	80	5.4	11	14.3



# RESIDENT DEATHS AND DEATH RATES PER 1,000 POPULATION BY COLOR, BY COUNTIES, FLORIDA, 1941

(Continued)

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
Indian River	86	9.6	57	9.0	29	10.8
Jackson	333	9.7	179	8.1	154	12.4
Jefferson	164	13.6	41	10.2	123	15.4
Lafayette	35	7.9	27	6.8	8	18.6
Lake	281	10.3	180	9.2	101	13.3
Lee	186	10.6	113	8.3	73	18.3
Leon	335	10.5	106	6.7	229	14.2
Levy	139	11.1	72	9.3	67	13.9
Liberty	39	10.4	26	9.2	13	14.1
Madison	148	9.1	63	7.4	85	11.0
Manatee	261	9.9	180	9.3	81	11.7
Marion	373	11.9	136	7.7	237	17.4
Martin	59	9.3	30	7.4	29	12.7
Monroe	176	12.5	130	11.3	46	17.9
Nassau	135	12.4	65	9.0	70	19.2
Okaloosa	105	8.1	90	7.6	15	12.9
Okeechobee	32	10.7	25	10.2	7	12.5
Orange	825	11.7	612	11.4	213	12.5
Osceola	151	14.9	116	14.4	35	17.0
Palm Beach	809	9.9	477	9.1	332	11.5
Pasco	183	13.0	156	13.2	27	11.8
Pinellas	1263	13.5	1046	13.6	217	13.3
Polk	897	10.3	660	9.7	237	12.8
Putnam	258	13.8	132	12.2	126	16.0
St. Johns	255	12.7	136	10.5	119	16.7
St. Lucie	116	9.7	70	8.9	46	11.2
Santa Rosa	152	9.4	116	8.2	36	18.6
Sarasota	216	13.3	155	12.3	61	17.0
Seminole	267	12.0	132	11.4	135	12.6
Sumter	136	12.3	83	10.4	53	17.2
Suwannee	202	11.8	111	9.6	91	16.6
Taylor	127	11.0	60	7.6	67	18.2
Union	83	11.7	50	9.9	33	16.0
Volusia	660	12.3	451	11.5	209	14.2
Wakulla	44	8.1	22	6.1	22	11.9
Walton	129	9.0	96	7.8	33	16.6
Washington	93	7.6	66	6.6	27	11.9

EDWARD M. L'ENGLE, *Director*

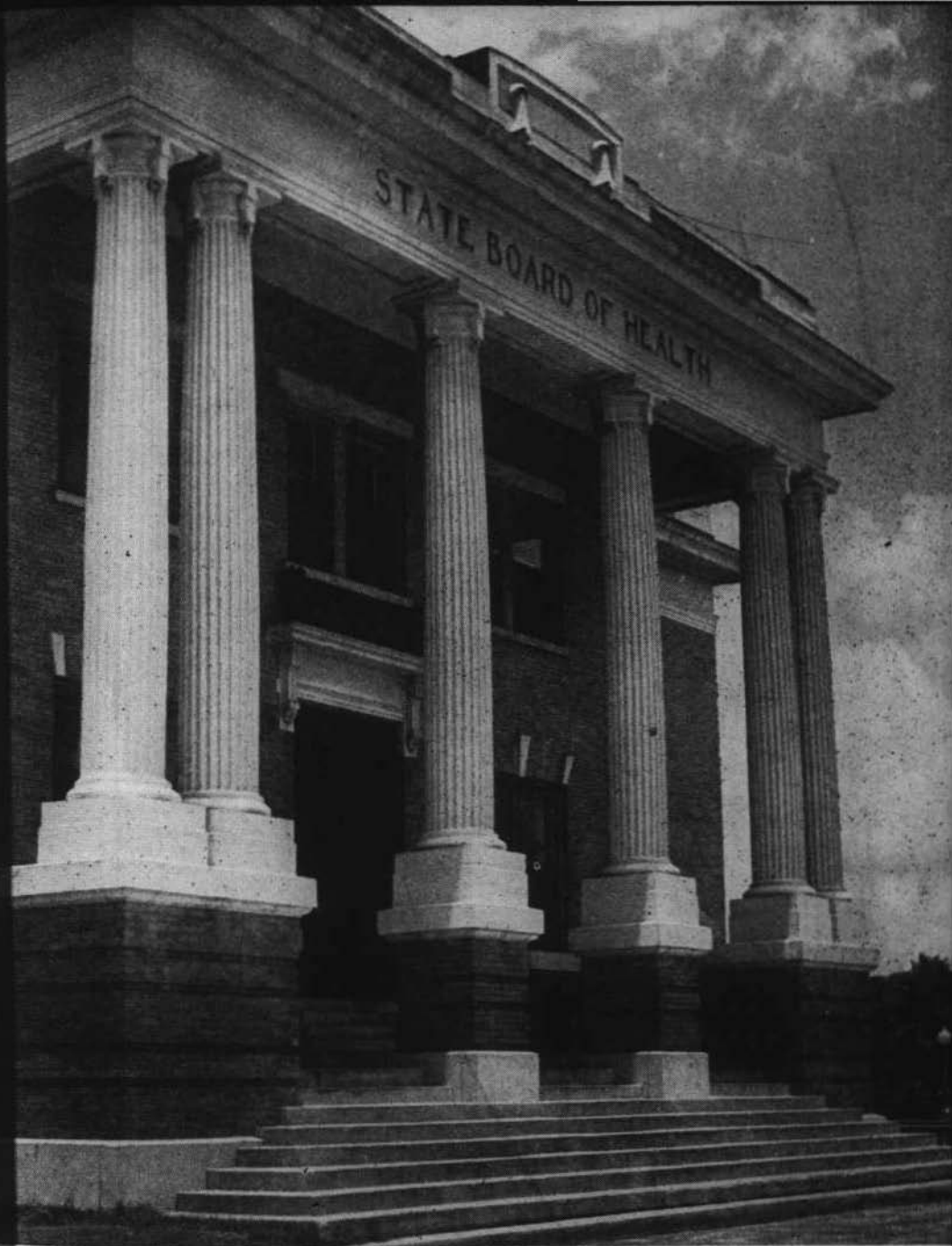
FLA STATE LIBRARY  
TALLAHASSEE, FLA  
040

RESIDENT DEATHS AND DEATH RATES PER 1,000 POPULATION  
BY COLOR, BY COUNTIES, FLORIDA  
1932 — 1941

YEARS	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
1941	21,438	11.2	13,842	9.9	7,596	14.7
1940	21,458	11.2	13,741	9.9	7,717	14.9
1939	20,209	10.9	12,965	9.6	7,244	14.3
1938	19,919	11.1	12,347	9.5	7,602	15.3
1937	19,825	11.4	12,306	9.9	7,519	15.4
1936	20,050	11.9	12,685	10.6	7,365	15.4
1935	19,059	11.8	11,979	10.4	7,080	15.1
1934	19,518	12.3	11,902	10.6	7,616	16.5
1933	18,112	11.7	10,941	9.9	7,171	15.9
1932	17,726	11.6	10,740	9.9	6,986	15.6

BUREAU OF VITAL STATISTICS

EDWARD M. L'ENGLE, *Director*



# *Florida* **HEALTH NOTES**

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • FEBRUARY, 1943 • VOL. 35 • No. 2

# Florida HEALTH NOTES

ESTABLISHED 1896

Hon. Spessard L. Holland  
Governor of Florida

## BOARD MEMBERS

Herbert L. Bryans, M.D., President.....Pensacola  
William Parr, Ph. G.....Tampa  
Robert B. McIver, M.D.....Jacksonville

Henry Hanson, M. D.....State Health Officer

## ACCREDITED HEALTH UNITS

County	Town
Baker _____	Macclesney
Bay _____	Panama City
Bradford _____	Starke
Broward _____	Ft. Lauderdale
Clay _____	Green Cove Springs
Dade _____	Miami
Duval _____	Jacksonville
Escambia _____	Pensacola
Franklin _____	Apalachicola
Gadsden _____	Quincy
Gilchrist _____	Trenton
Glades _____	Moore Haven
Gulf _____	Port St. Joe
Highlands _____	Sebring
Hillsborough _____	Tampa
Jackson _____	Marianna
Jefferson _____	Monticello
Lake _____	Tavares
Leon _____	Tallahassee
Levy _____	Bronson
Madison _____	Madison
Monroe _____	Key West
Nassau _____	Fernandina
Okaloosa _____	Crestview
Orange _____	Orlando
Pinellas _____	Clearwater
Santa Rosa _____	Milton
Seminole _____	Sanford
Taylor _____	Perry
Volusia _____	DeLand
Wakulla _____	Crawfordville
Walton _____	DeFuniak
Washington _____	Chipley

## STATE BUREAUS—DIVISIONS JACKSONVILLE

**Accounting**  
G. Wilson Baltzell

**Dental Health**  
Lloyd N. Harlow, D.D.S.

**Local Health Service**  
A. W. Newitt, M.D.

**Narcotics**  
M. H. Doss

**Engineering**  
John B. Miller, Acting Director

**Health Education**  
Elizabeth Bohnenberger

**Laboratories**  
J. N. Patterson, M.D.

**Maternal & Child Health**

## STATE BUREAUS—DIVISIONS JACKSONVILLE

**Public Health Nursing**  
Ruth E. Mettinger, R.N.

**Vital Statistics**  
Edward M. L'Engle, M.D.

**Epidemiology**  
E. F. Hoffman, M.D., Acting Director

**Tuberculosis**  
Lynne E. Baker, M.D.

**Veneral Disease Control**  
W. T. Sowder, M.D.

**Malaria Control**  
John E. Elmendorf, Jr., M.D.

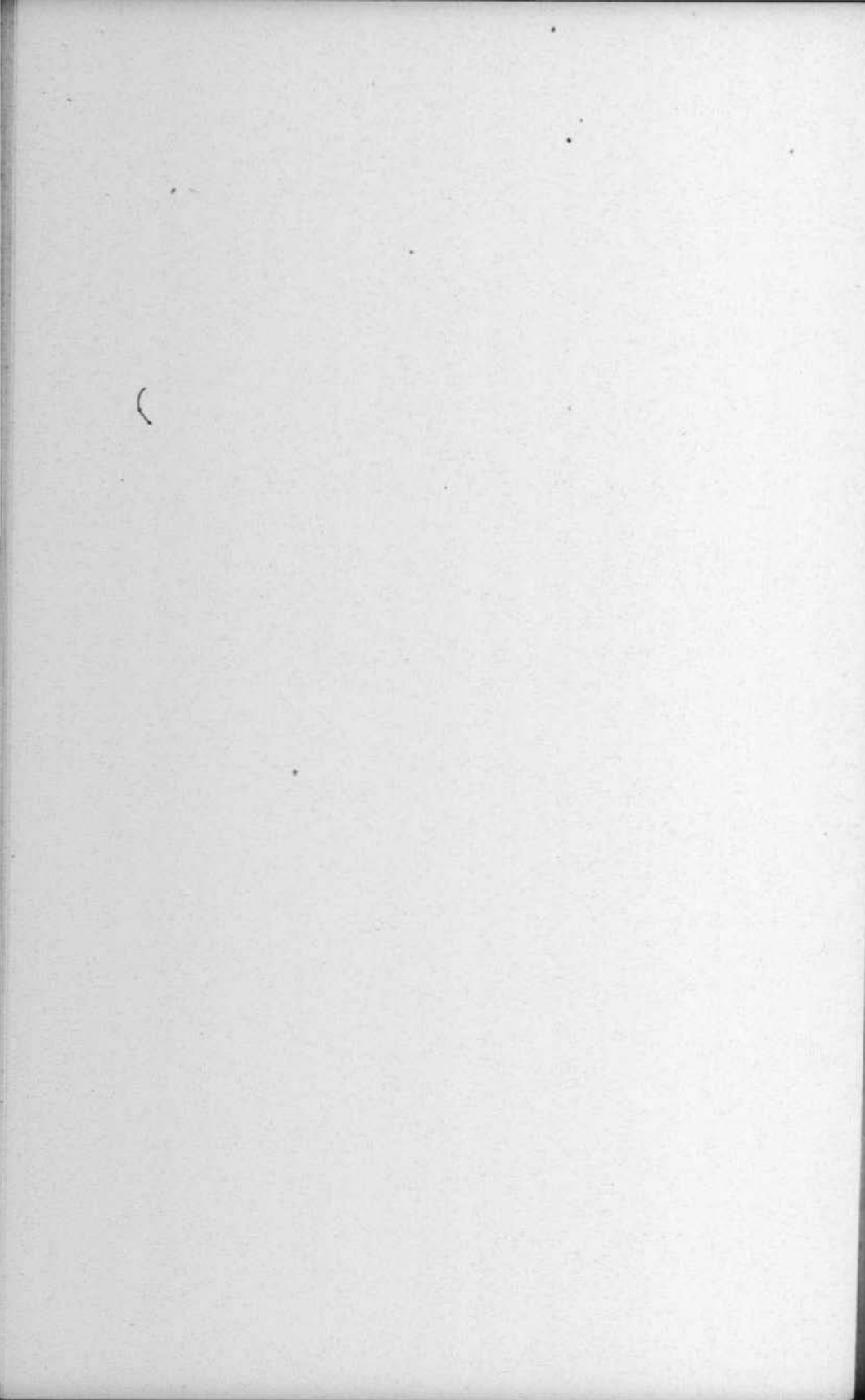
**Malaria Research**  
Mark F. Boyd, M.D.  
Tallahassee  
Rockefeller Foundation

**Entomologist**  
W. V. King, Ph.D.  
Orlando  
U. S. Bureau Entomology

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act. of Aug. 24, 1912.

**VENEREAL DISEASE CONTROL  
IN FLORIDA  
1942**





In this issue of Health Notes we are endeavoring to present a report of our activities in connection with the control of venereal diseases. Doctors W. T. Sowder and R. F. Sondag are presenting reports on the statistics as well as the activities which have been undertaken up to date.

We are hoping that we shall receive funds to carry on an experiment which may change the treatment time in syphilis from 18 months to a total of 1 week. If we succeed in this we will have accomplished one of the miracles in medicine.

We also hope that the two C.C.C. Camps will be in active service this month. These camps are for the treatment of infected girls. These camps will be under the supervision of trained medical officers who are experienced in the care of people so afflicted. Dr. Carroll T. Bowen, U. S. Public Health Service, has been placed in charge of the Camp at Ocala, and Dr. Iva G. Murphy, U. S. Public Health Service, will probably manage the Camp at Wakulla.

At present everything possible is being done to expedite the opening of the camps mentioned above.

It is hoped that additional camps may be secured for the southern section of the state, but the location is not yet certain.

**HENRY HANSON, M.D.**

*Florida State Health Officer.*

# VENEREAL DISEASE CONTROL IN FLORIDA 1942

BY

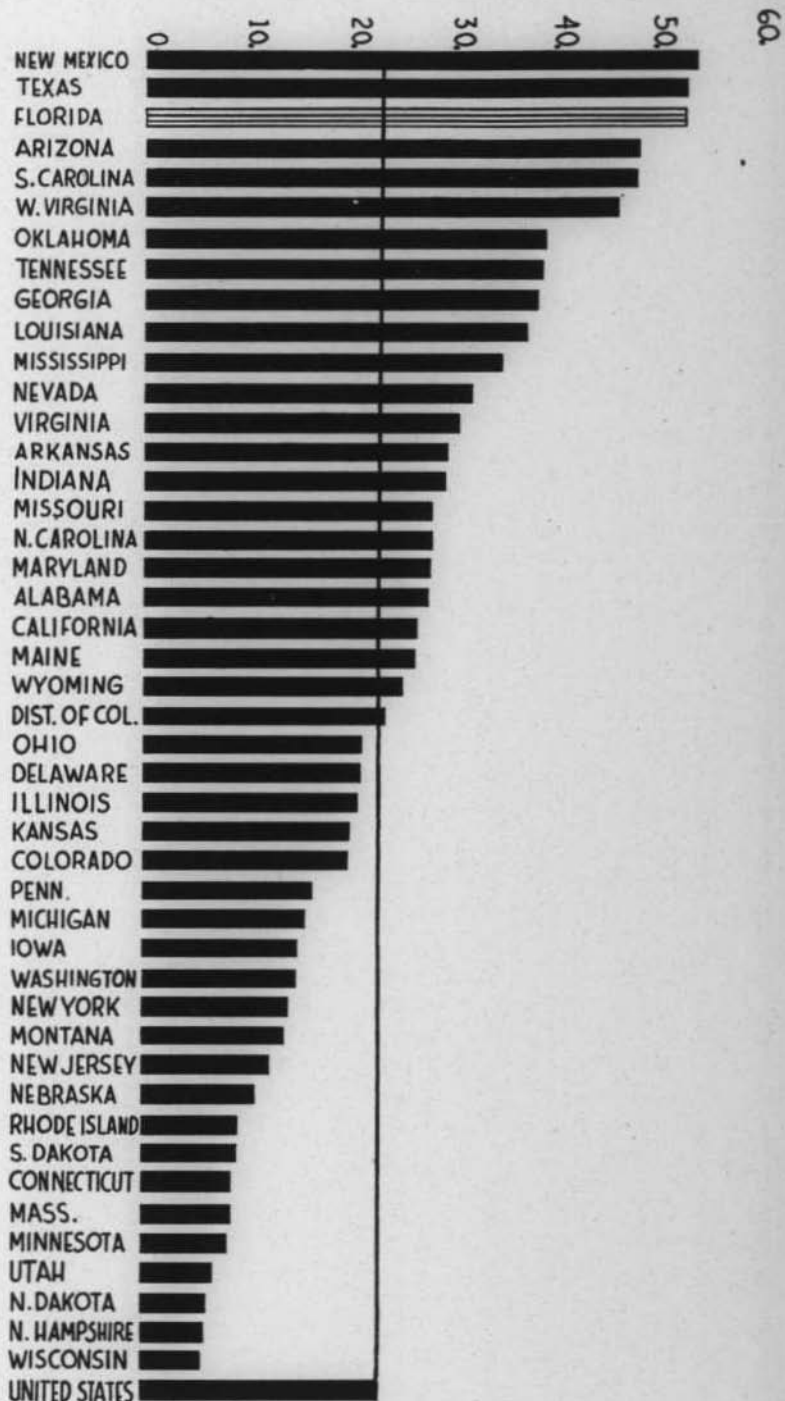
WILSON T. SOWDER, *Passed Assistant Surgeon, U.S.P.H.S.  
Director, Division of Venereal Disease Control.*

R. F. SONDAG, *Passed Assistant Surgeon (R) U.S.P.H.S.  
Assistant Director, Division of Venereal Disease Control.*

## PROBLEM

The past year has been a momentous one for Venereal Disease Control in the State, because of the enormity of the problems presented to the Division. Not only do we have the normal ones which have been with us for years, but also the additional problems, arising from the presence in the State of large concentrations of military and naval forces. The scope of the venereal disease problem in the State was brought to the attention of the Division, and to the public itself, by the first really accurate figures on the prevalence of the venereal diseases in the history of the State by the examination of Selective registrants. (See Graphs 1 and 2, Tables 1 and 2.) Prior to the beginning of the draft, many surveys and estimates on the prevalence of venereal diseases were made, some on a scientific basis and some not so scientific; but the first really reliable figures were made available to us through the examination of Selective Service registrants. Tables 1 and 2 and Graphs 1 and 2 show the number of Selective Service registrants found infected by States among the first 1,895,778 men examined. The enormous difference in the rates amongst white and Negro selectees is evident, being about eight times as high in the Negro race as in the white in Florida. However, Florida's standing among both white and Negro races, as compared to other states, will immediately catch the eye of all who glance at these graphs (1 and 2). The wisdom of publicizing these rates may be

★ GRAPH 1. SYPHILIS RATES PER 1,000 WHITE MEN AGED 21-35, UNITED STATES BASED ON 1,895,778 SELECTEE SEROLOGIC REPORTS, 44 STATES AND DISTRICT OF COLUMBIA, THROUGH AUGUST, 1941.



questioned, since Florida is essentially a tourist state and some may feel that it will give it bad publicity and hurt its trade. These figures, however, will be given publicity throughout the country by various agencies, and there is no possible way by which the citizens of Florida can keep the rest of the country from knowing of its unenviable record. This provides a very urgent

★ TABLE 1. SYPHILIS RATES PER THOUSAND WHITE AND NEGRO MEN AGED 21-35 IN THE UNITED STATES, BASED ON 1,895,778 SELECTEE SEROLOGIC REPORTS AND ARRANGED IN DESCENDING ORDER BY STATES, U. S. CENSUS DIVISION AND REGION.

Syphilis		Syphilis	
White Area	Rate	Negro Area	Rate
State:		State:	
1. New Mexico .....	54.2	1. Florida .....	405.9
2. Texas .....	53.4	2. Texas .....	343.2
3. Florida .....	53.3	3. Georgia .....	327.6
4. Arizona .....	48.9	4. Maryland .....	324.6
5. South Carolina .....	48.8	5. Mississippi .....	321.6
6. West Virginia .....	46.9	6. Arkansas .....	314.3
7. Oklahoma .....	39.5	7. New Mexico .....	304.8
8. Tennessee .....	39.4	8. South Carolina .....	296.3
9. Georgia .....	39.0	9. Arizona .....	295.8
10. Louisiana .....	37.9	10. Tennessee .....	277.8
11. Mississippi .....	35.2	11. District of Columbia .....	272.9
12. Nevada .....	32.1	12. Louisiana .....	272.0
13. Virginia .....	31.0	13. Indiana .....	267.2
14. Arkansas .....	30.0	14. Oklahoma .....	254.5
15. Indiana .....	29.9	15. Virginia .....	245.9
16. Missouri .....	28.5	16. Delaware .....	239.6
17. North Carolina .....	28.5	17. North Carolina .....	237.4
18. Maryland .....	28.4	18. Missouri .....	231.6
19. Alabama .....	28.2	19. Alabama .....	227.1
20. California .....	27.0	20. California .....	212.3
21. Maine .....	26.9	21. West Virginia .....	211.7
22. Wyoming .....	25.8	22. Illinois .....	211.4
23. District of Columbia .....	23.8	23. Kansas .....	210.5
24. Ohio .....	21.9	24. Connecticut .....	207.1
25. Delaware .....	21.8	25. Nebraska .....	204.4
26. Illinois .....	21.1	26. Colorado .....	201.3
27. Kansas .....	20.5	27. New York .....	197.3
28. Colorado .....	20.2	28. New Jersey .....	193.0
29. Pennsylvania .....	17.0	29. Ohio .....	191.2
30. Michigan .....	16.4	30. Pennsylvania .....	190.5
31. Iowa .....	15.9	31. Michigan .....	182.6
32. Washington .....	15.6	32. Iowa .....	182.1
33. New York .....	14.7	33. Washington .....	174.6
34. Montana .....	14.1	34. Wisconsin .....	157.0
35. New Jersey .....	12.6	35. Minnesota .....	141.9
36. Nebraska .....	11.2	36. Massachusetts .....	115.8
37. Rhode Island .....	9.6	37. Rhode Island .....	91.8
38. South Dakota .....	9.6	Maine .....	*
39. Connecticut .....	9.0	Montana .....	*
40. Massachusetts .....	9.0	Nevada .....	*
41. Minnesota .....	8.6	New Hampshire .....	*
42. Utah .....	7.3	North Dakota .....	*
43. North Dakota .....	6.9	South Dakota .....	*
44. New Hampshire .....	6.6	Utah .....	*
45. Wisconsin .....	6.4	Wyoming .....	*
Total:		Total:	
44 states and the District of Columbia .....	23.5	44 states and the District of Columbia .....	272.0

\* Number tested insufficient for computation of rate.



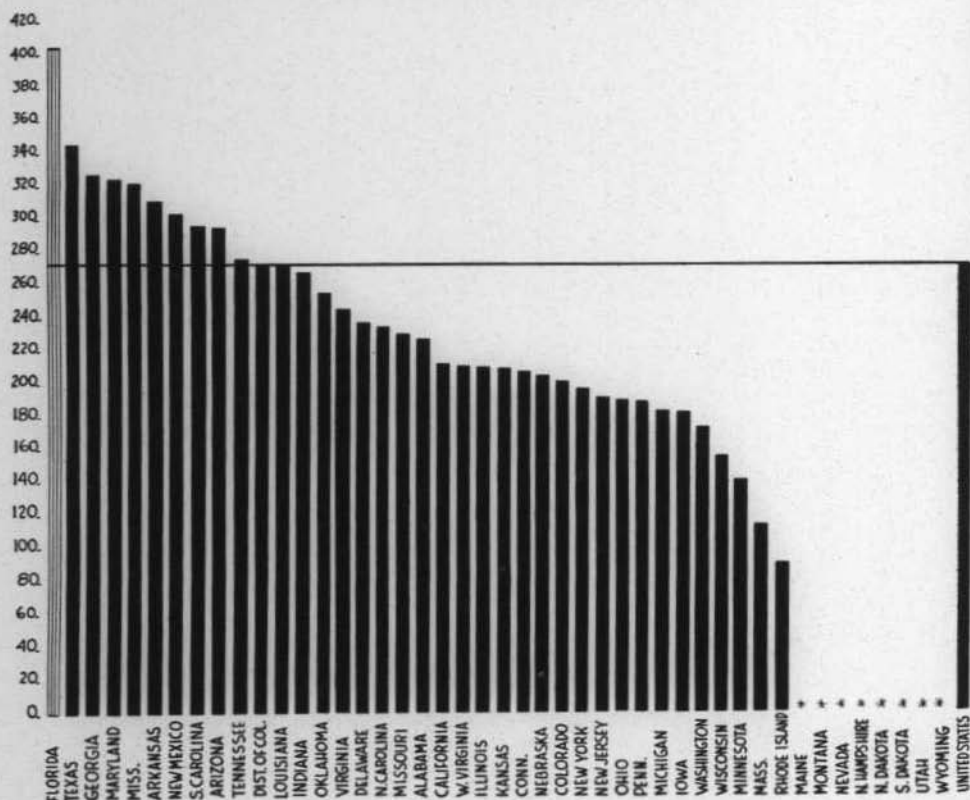
★ TABLE 2. NUMBER OF SELECTEES REJECTED BECAUSE OF SYPHILIS BY RACE AND COUNTY THROUGH DECEMBER, 1942.

COUNTY	NUMBER WITH POSITIVE BLOODS		
	COLORED	WHITE	TOTAL*
Alachua .....	532	46	581
Baker .....	30	8	38
Bay .....	179	96	220
Bradford .....	95	32	127
Brevard .....	177	26	203
Broward .....	736	81	821
Calhoun .....	26	35	61
Charlotte .....	39	16	55
Citrus .....	73	9	82
Clay .....	58	12	70
Collier .....	139	6	145
Columbia .....	173	31	204
Dade .....	2641	585	3227
DeSoto .....	70	26	96
Dixie .....	168	20	188
Duval .....	3498	581	4004
Escambia .....	476	181	660
Flagler .....	33	0	37
Franklin .....	58	26	84
Gadsden .....	180	11	192
Gilchrist .....	38	6	44
Glades .....	94	8	102
Gulf .....	110	20	130
Hamilton .....	103	14	118
Hardee .....	19	19	38
Hendry .....	166	18	186
Hernando .....	70	9	79
Highlands .....	155	23	178
Hillsborough .....	1599	377	1981
Holmes .....	44	38	82
Indian River .....	130	16	146
Jackson .....	198	59	258
Jefferson .....	107	16	123
Lafayette .....	16	4	20
Lake .....	318	30	351
Lee .....	235	29	264
Leon .....	416	38	457
Levy .....	198	22	220
Liberty .....	10	5	15
Madison .....	179	17	196
Manatee .....	258	40	298
Marion .....	390	41	436
Martin .....	96	6	102
Monroe .....	99	47	155
Nassau .....	136	15	152
Okaloosa .....	29	28	57
Okeechobee .....	25	6	32
Orange .....	624	121	748
Osceola .....	141	13	155
Palm Beach .....	1608	127	1735
Pasco .....	112	30	142
Pinellas .....	688	102	790
Polk .....	816	121	942
Putnam .....	328	22	350
St. Johns .....	199	39	238
St. Lucie .....	292	20	312
Santa Rosa .....	42	25	67
Sarasota .....	284	67	351
Seminole .....	373	13	386
Sumter .....	112	18	130
Suwannee .....	117	15	132
Taylor .....	151	20	171
Union .....	51	13	64
Volusia .....	574	85	659
Waukulla .....	42	3	45
Walton .....	40	33	73
Washington .....	41	26	67
TOTALS .....	21254	3692	24962

\*Includes those whose color is not stated

reason why Floridians, themselves, should know these facts, so that they may bend every effort to combat them. The correction of this blot upon the State is not only necessary for the health of the people, but the expenditure of funds towards this end is a sound business investment. A good start can be made during the War, while the attention of the nation, and

★ GRAPH 2. SYPHILIS RATES PER 1,000 NEGRO MEN AGED 21-35, UNITED STATES  
BASED ON 1,895,778 SELECTEE SEROLOGIC REPORTS, 44 STATES  
AND DISTRICT OF COLUMBIA—THROUGH AUGUST, 1941.



particularly that part of it which is interested in Florida as a place for a vacation, is devoted to the War. It is felt that if the State of Florida will exert all its efforts toward the control of venereal diseases that by the end of the War, its record of accomplishment will be so good that there

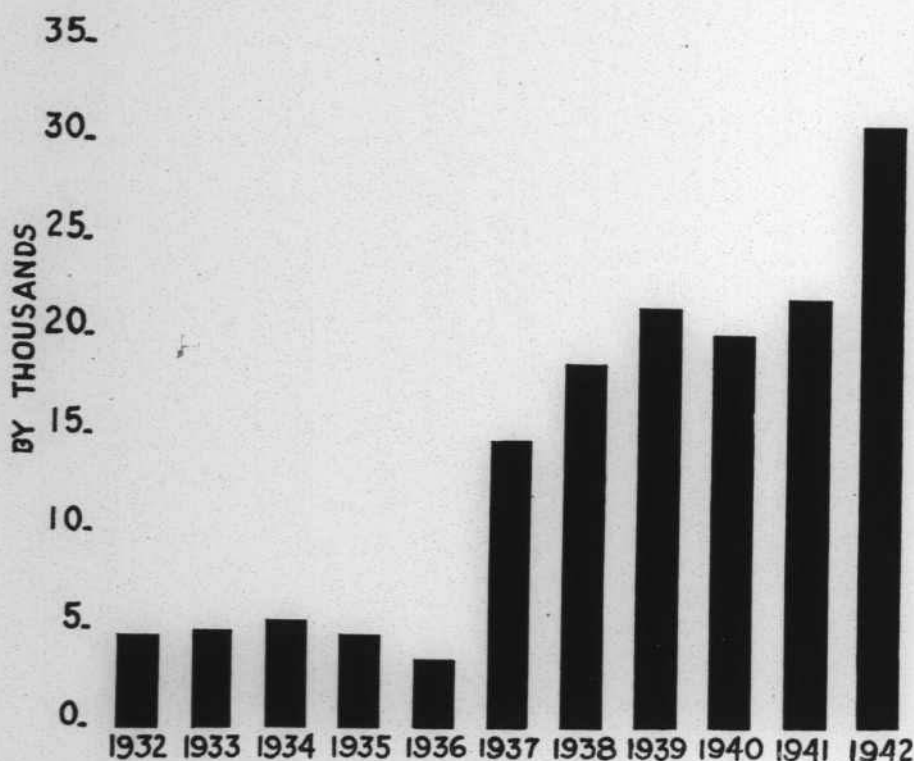
will be no danger of the venereal disease situation being a black mark against it.

The reason for Florida's high syphilis rate is not definitely known. It will be noted, however, from the Graphs (1 and 2) that syphilis rates are higher in the southeastern states and it is reasonable to suppose that there is a common factor bringing it about. It is conceded that efforts toward venereal disease control in the past have not been sufficient, but this is true also of many other states having very low syphilis rates. It would appear from the geographic distribution of the disease that there is a climatic factor involved, and it is not unreasonable to suppose that the spirochete of syphilis prefers a warm climate and that syphilis in a sense is a subtropical disease. There are undoubtedly other factors involved, such as the younger age of the population in the southeastern states and the lesser educational facilities available to its young people.

Table 2 shows the number of selectees found to have syphilis by counties in Florida. There are naturally differences in the number of cases discovered in the various counties. Most of these differences can be explained by differences in the size of the population and in the proportion of white and colored. There is no reason to think that in Florida there is any great difference among the various counties or cities in the prevalences of the disease, when these factors are taken into consideration. Factors that do influence the prevalence of venereal diseases are: size of population; race; educational level; economic status; and age. The highest venereal disease rates are found among the young, the ignorant, the uneducated, and the poor. The venereal diseases, when compared numerically with other common diseases in the State of Florida, are strikingly more prevalent. In the twenty-year period from 1922 through 1941, 18,219 cases of tuberculosis were reported to the State Board of Health; 11,623 cases of diphtheria; 5,625 cases of scarlet fever; and 756 cases of poliomyelitis. Over this same period, 156,646 cases of syphilis were reported and 15,491 cases of gonorrhea. While figures for 1942 for the other diseases are not available, 30,174 cases of syphilis and 10,174 cases of gonorrhea were reported. *More cases of*

*venereal diseases were reported EACH WEEK, on the average, in 1942, than of poliomyelitis during the entire past twenty years. Seven times as many cases of venereal diseases were reported in 1942 as of scarlet fever for the entire past twenty years. Nearly four times as many cases of venereal diseases were reported in 1942 as of diphtheria for the entire past twenty years. Twice as many cases of venereal diseases were reported in 1942 as*

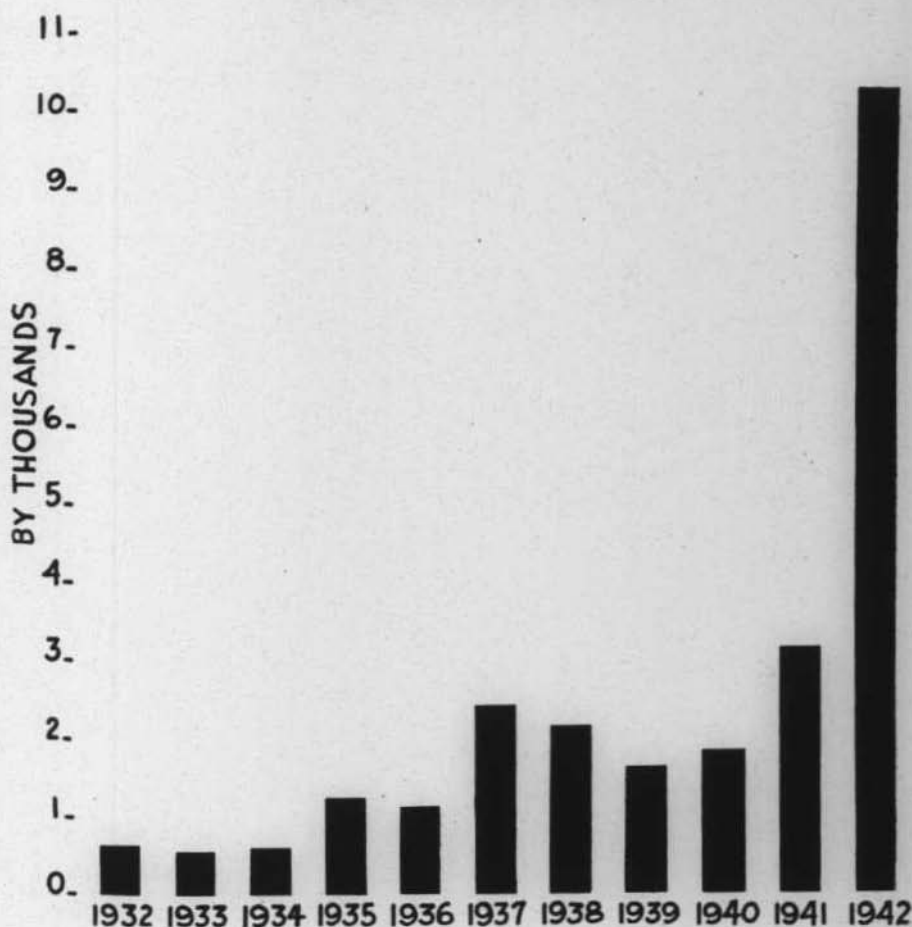
★ GRAPH 3. CASES OF SYPHILIS (NOT PREVIOUSLY) REPORTED IN FLORIDA, BY YEAR.



*of tuberculosis during the entire past twenty years. These are startling facts, but they do not mean that the prevalence of the venereal diseases has increased, but merely that we are becoming aware of them. Infected persons are being found, treated, and reported to the State Board of Health. We believe that if a venereal disease control program is carried on at the*

same level as during the past year, the occurrence of the venereal diseases will decline at a rapid rate. In fact, we believe that the occurrence of new cases has been less than in previous years, in spite of the increase in cases reported, as shown by Graph 3 and 4 and Table 3.

★ GRAPH 4. NEW CASES OF GONORRHEA REPORTED IN FLORIDA AT  
END OF EACH YEAR 1932-1942.



Florida's normal venereal disease problem was greatly aggravated by the influx of military and naval personnel. This, in turn, was accompanied by an influx of commercialized prostitutes, who are known

to be the primary spreaders of venereal diseases, particularly amongst the members of the armed forces. It was necessary for most drastic steps to be taken in many instances to protect the members of the armed forces, so that the number of man days lost from the venereal diseases could be kept to the absolute minimum attainable. The results in this direction have been very striking. Army and Navy medical officers throughout the State have reported a decline in their venereal disease rates during the past year.

★ TABLE 3. NUMBER OF NEW CASES OF SYPHILIS AND GONORRHEA REPORTED IN FLORIDA FROM 1932 TO 1942 BY YEAR.

YEAR	SYPHILIS	GONORRHEA
1932	4,063	713
1933	4,833	616
1934	5,198	702
1935	4,389	1,207
1936	3,287	1,146
1937	14,532	2,411
1938	18,243	2,092
1939	21,092	1,650
1940	19,889	1,870
1941	21,258	3,084
1942	30,104	10,174

During the year, funds for the venereal disease control program were substantially increased, particularly by the allocation of increased amounts for this purpose by the U. S. Public Health Service. Funds from this source were approximately doubled. In addition, about a dozen U. S. Public Health Service Officers and thirty follow-up workers were assigned to the State to assist in the program. Assistance was also given by the U. S. Public Health Service in the form of statisticians and statistical



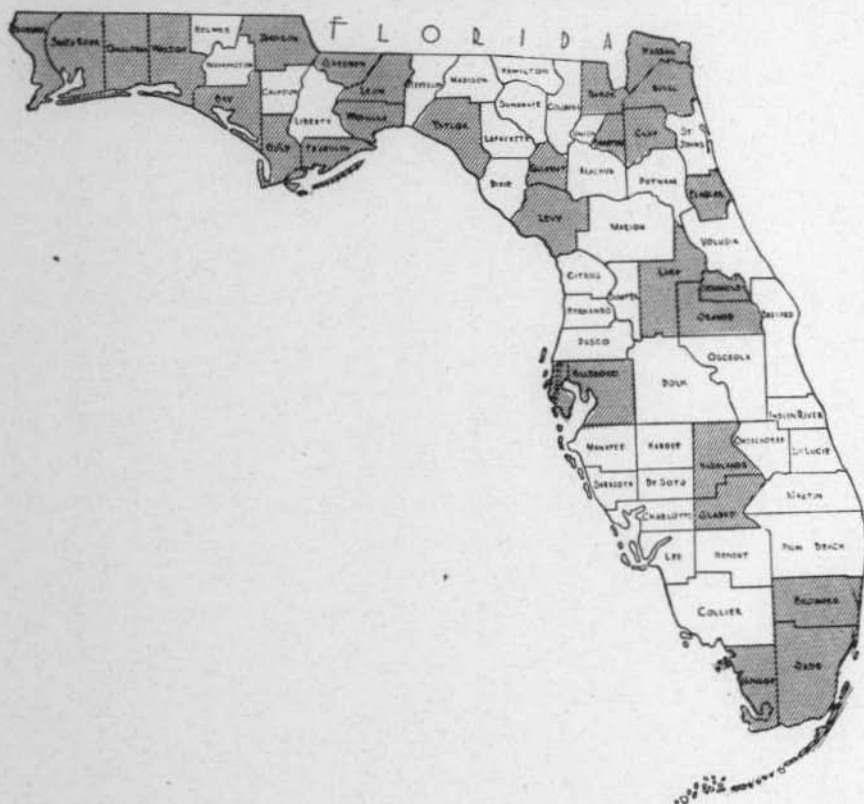
clerks for the tabulation and distribution of data on infected selectees and other persons. The Work Projects Administration substantially increased its assistance during the year to the Division of Venereal Disease Control. While there was no increase in State Funds for the purpose, many local communities for the first time made available sums of money to combat these diseases. The most important factor, however, in furthering the program during the year was the increase in the interest of the public itself, brought about by their increasing awareness of the seriousness of the situation. This was due, partly as a result of the rejection of large numbers of infected selectees. Also, the result of continuing effort on the part of this Division and the Bureau of Health Education over a period of years began to show its effect. Official and voluntary agencies rendered outstanding contributions during the year towards bringing the matter to the attention of the people. The Office of Civilian Defense, the Junior Chamber of Commerce, the American Social Hygiene Association and the Division of Social Protection of the Federal Security Agency rendered outstanding services in this respect.

### ACCOMPLISHMENTS

It is believed that the accomplishments within the past year have been outstanding. Maps 1 and 2, Graph 5, and Table 4, show the increase in the number of clinics and in the number of counties having clinics. A few of the counties shown in Map I had clinics financed entirely by local funds at the beginning of the year. These were given assistance by the State Board of Health for the first time, during the year, and the increase in the number of patients treated is shown by Tables 5 and 6. The monthly average of patients under treatment in Florida has shown a progressive increase since 1937. See Graph 6, Table 7. During 1942 this average was nearly twice that of 1941. The increase in the number of persons under treatment during 1942 is shown by Graph 7, Table 8. It will be noted that the number of persons under treatment at the end of the year was nearly two and one-half times that under treatment at the beginning of the year. Not the least of the accomplishments during the year has been

the improvement of physical facilities for the treatment of venereal diseases. While several disease clinics are still too often held in crowded and dingy basements and similar locations, substantial improvement in quarters and in equipment has been provided during the past year in many places. On the whole, this has been done by the foresightedness of local agencies under

★ MAP 1. COUNTIES WITH VENEREAL DISEASE CLINICS COOPERATING WITH THE FLORIDA STATE BOARD OF HEALTH, DECEMBER 1941, TOTAL—30.



the guidance of local health officers and venereal disease control officers. Among those showing particular improvement along this line have been the clinics at Miami, Clewiston, Tampa, Tallahassee, Clearwater, Deland, Daytona Beach, Delray Beach and Starke. A few others had made noteworthy improvements in preceding years. Among these is the clinic in Jacksonville. It is

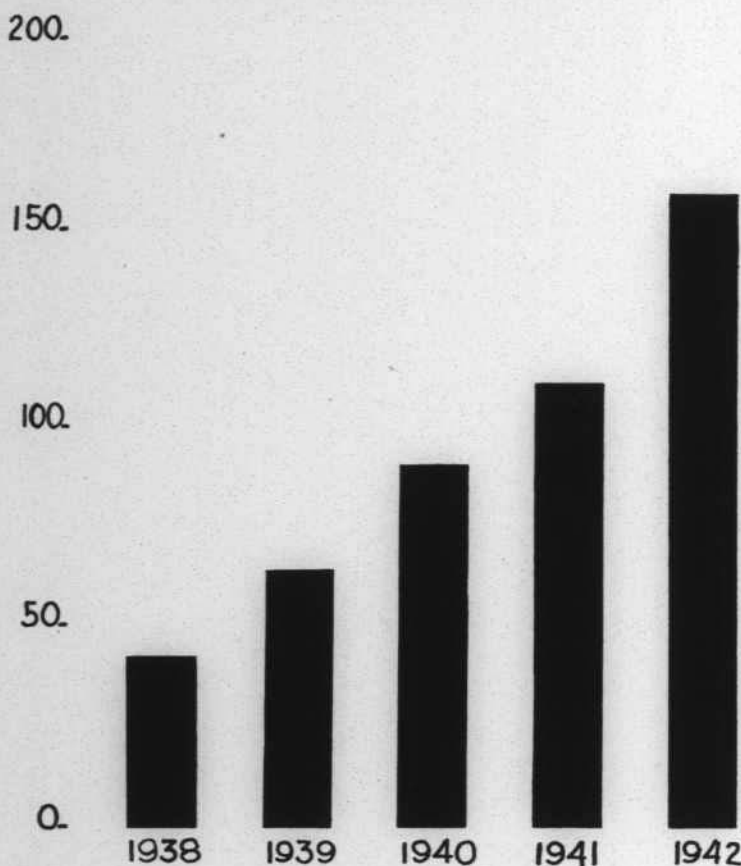
to be hoped that this trend toward better quarters and equipment will continue, and it seems likely that it will, due to the increasing interest of the public and local agencies.

★ MAP 2. COUNTIES WITH VENEREAL DISEASE CLINICS COOPERATING WITH THE FLORIDA STATE BOARD OF HEALTH, DECEMBER 1942, TOTAL—64.



Another outstanding accomplishment in the past year has been the continued and accelerated effort to combat commercialized prostitution. These efforts have been so effective that at the end of this year, so far as is known there are no openly tolerated houses of prostitution or red light districts remaining in the State of Florida. This does not mean that there are not many prostitutes continuing to ply their trade in the State, or that the efforts in all localities toward the suppression

★ GRAPH 5. NUMBER OF CLINICS BY YEAR SINCE ORGANIZATION OF DIVISION OF VENEREAL DISEASE CONTROL IN FLORIDA.



★ TABLE 4. NUMBER OF ORGANIZED VENEREAL DISEASE CLINICS COOPERATING WITH THE FLORIDA STATE BOARD OF HEALTH BY YEAR SINCE 1938.

YEAR	NUMBER OF CLINICS
1938	42
1939	67
1940	87
1941	106
1942	153

★ TABLE 5. NUMBER OF CASES OF SYPHILIS UNDER TREATMENT IN CLINICS IN FLORIDA BY COUNTY, BY MONTH IN 1942.

COUNTY	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Alachua	211	227	233	219	228	322	362	409	482	566	531	514
Baker	73	71	68	60	78	80	70	67	103	105	115	99
Bay	135	215	242	278	345	361	374	368	327	381	406	433
Bradford	239	402	362	393	380	372	576	668	375	410	432	450*
Broward	402	451	452	393	340	324	302	338	433	320	351	430
Calhoun											30	44
Charlotte	19	21	27	25	21	26	26	85	141	154	160	152
Clay	137	139	80	81	93	100	85	96	84	94	142	123
Collier											102	135
Dade	717	721	785	891	1001	1008	1285	1572	1606	2499*	2680*	2700*
DeSoto									84	167	216	235
Dixie										111	164	200*
Duval	2569	2309	2241	2429	2617	2775	2634	2831	3100	3322	3259	3300*
Escambia	477	479	507	404	470	500	570	465	551	512	503	500*
Flagler	52	52	49	64	64	53	56	56	77	105	349	130
Franklin	34	101	112	114	109	83	87	107	128	136	162	156
Gadsden	170	179	215	223	237	226	191	192	200	207	198	191
Glades	45	53	15	9	15	62	90	156	175	149	147	144
Gulf	95	115	105	162	179	143	185	194	203	252	219	269
Gilchrist	45	39	35	43	66	72	66	71	71	76	57	48
Hamilton	217	230	228	201	193	170	134	140	106	cl	cl	cl
Hardee									55	60	59	60
Hendry								184	219	280	282	291
Highlands	24	23	34	52	71	56	261	235	325	270	282	296
Hillsborough	1390	1406	1524	2046	2118	2048	2209	2300*	2600*	2800*	2053	2200*
Indian River									25	74	168	235
Jackson	287	275	287	305	285	283	307	336	278	386	383	351
Jefferson				57	132	213	257	297	335	371	493	509*
Lake	335	307	417	531	535	520	550	549	592	606	616	627
Lee								543	440	499	508	497
Leon	348	348	424	502	576	688	522	562	812	792	905	839
Levy	305	399	448	480	480	529	558	604	646	540	551	536
Madison						51	134	238	309	443	461	490
Manatee	407	428	438	461	487	415	469	472	557	610	614	552
Marion										214	281	300*
Martin							18	15	17	23	31	30
Monroe	30	35	40	42	49	45	49	63	70	111	129	147
Nassau	209	235	256	249	258	254	266	285	265	298	312	315
Okaloosa	27	45	88	101	145	146	137	137	168	138	131	128
Orange	1006	1002	996	1008*	1008*	1008*	983	963	1014	1057	1179	1200*
Osceola	70	26	22							52	134	177
Palm Beach	573	563	611	818	1275	1186	734	931	1140	1245	1133	1029
Pasco										2	15	39
Pinellas	688	629	685	657	595	650	618	749	715	1031	1056	1100*
Polk	103	183	251	265	343	365	366	469	489	557	654	700*
Putnam									116	238	355	374
St. Lucie								25	117	190	306	321
St. Johns									150	149	225	236
Sarasota	145	161	181	228	308	365	432	490	543	598	625	646
Santa Rosa	71	63	65	63	69*	69*	50	67	57	64	56	60*
Seminole	60	246	404	485	540	494	506	544	491	457	536	647
Sumter											180	200*
Suwannee										19	79	162
State Inst.	688	731	698	697	665	711	708	646	652	642	425	622
Taylor	114	123	130	114	103	96	100	96	87	92	96	86
Volusia					73	200	376	510	644	776	850*	900*
Wakulla	41	39	35	79	138	167	54	132	85	117	152	123
Walton	61	86	97	117	142	156	160	134	148	145	146	140
Washington											48	82
TOTAL	12559	13157	13887	15346	16831	17477	17917	20391	22388	25376	26732	27500*

\*Estimated (Reports not available at time of publication).

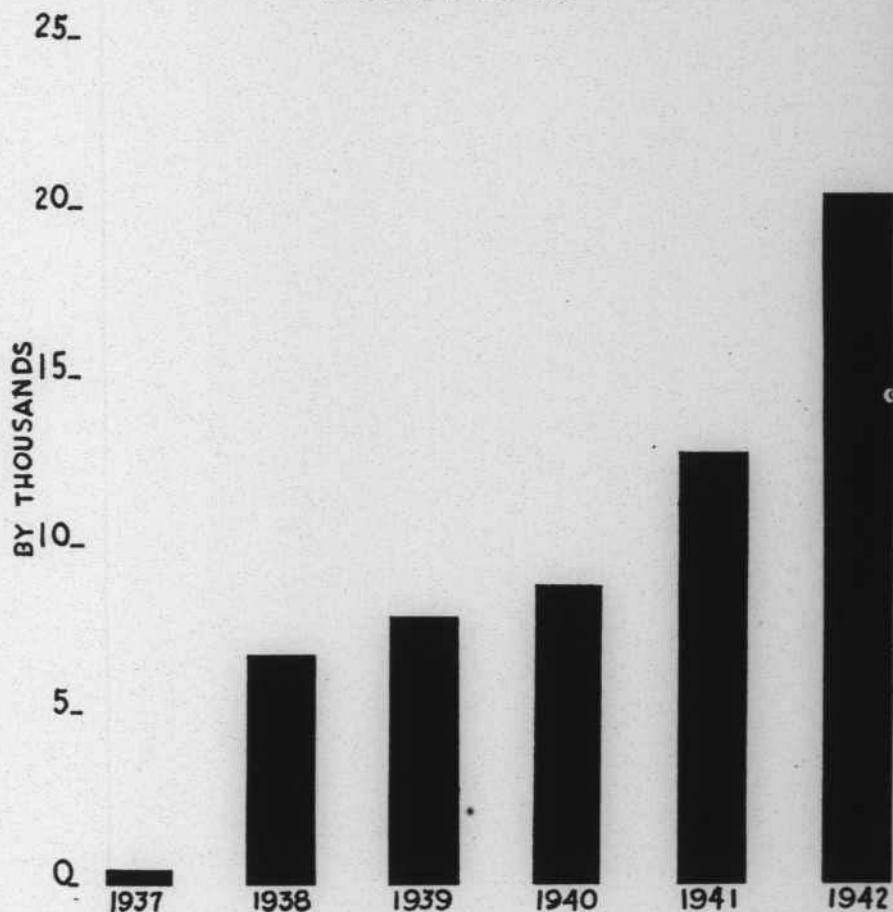
★ TABLE 6. NUMBER OF CASES GONORRHEA UNDER TREATMENT IN CLINICS IN FLORIDA BY COUNTY, BY MONTH IN 1942.

County	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Alachua								14	24	15	14	20
Baker	1		1	2	2	2	4	8	6	2	8	2
Bay	7	16	22	25	43	55	92	44	49	37	81	57
Bradford	38	50	56	58	60	80	108	77	81	222	189	200*
Broward	8	13	10	6	15	14	8	23	56	38	38	40*
Calhoun												
Charlotte												3
Clay	31	180	190	211	164	154	50	142	10	3	16	15
Collier												
Dade	38	29	25	25	36	45	49	49	31	55*	55*	60*
DeSoto									1	4	6	7
Dixie										2		
Duval	371	451	489	489	489	489	458	544	775	834	806	850*
Escambia	35	19	24	23	34	34	34	65	49	25	54	60*
Flagler	2	3		1	1	3	2		2	2		
Franklin	2	3	2	5	9	3	7	10	6	10	8	6
Gadsden	8	8	6	1	4	8	5	2	2	1	3	2
Glades	1	1		5	4	2	2	1	1	1	2	3
Gulf						2	2	2			1	
Gilchrist			1				4	2	3			1
Hamilton	4	5		6	5	9	18	23	30			
Hardee									5	3	4	5
Hendry								7	8	7	5	10
Highlands	6	2		5	2	16	8	5	5	2	13	3
Hillsborough	32	44	45	45	12	106	31	206	88	58	42	60*
Indian River									1	2	4	4
Jackson									20	14	11	5
Jefferson				6	4	7	10	12	2	15	11	15*
Lake	16	15	12	1	5	17	18	27	21	16	24	32
Lee								115	1	2		
Leon	168	205	697	504	304	519	414	454	592	581	577	321
Levy	7	8	3		1	6	1	9	6	7	2	6
Madison							6	8	13	4	11	15*
Manatee		2	3	6	4	4	9	9		12	11	3
Marion										13	22	25*
Martin												
Monroe	1	1	2	3	2	3	8	14	14	35	29	31
Nassau	1	10	14	25	5	3	4	6	9	6	2	11
Okaloosa				6	17	19	10	13	2	2		3
Orange	23	45	70	71	71	71	85	85	76	59	170	200*
Osceola												
Palm Beach	5	7	13	11	12	2	4	104	72	61	49	39
Pasco												
Pinellas	7	10	6	4	2	5		1	46	110	107	150*
Polk	12	12	8	9	16	15	8	10	4	10	15	20*
Putnam									2	1	4	24
St. Johns									3	2	2	3
St. Lucie			3					1	10	11	14	12
Santa Rosa	1	5	3	2	2	2	2	3	3	2	2	2*
Sarasota	2	1	5	2	7	17	25	53	33	5	3	3
Seminole		6	9	15	9	21	8	18	24	3	13	17
State Inst.												
Sumter											6	
Suwannee										2	3	
Taylor	2	7	1		3	7	3	18	19	4	8	9
Volusia					11	27	25	18	46	55*	55*	55*
Wakulla							5		2	4	3	8
Walton	5	2	5	4		3	3	2				
Washington												
TOTAL	834	1160	1828	1566	1355	1771	1544	2209	2245	2367	2504	2417*

\*Estimated (Reports not available at time of publication).



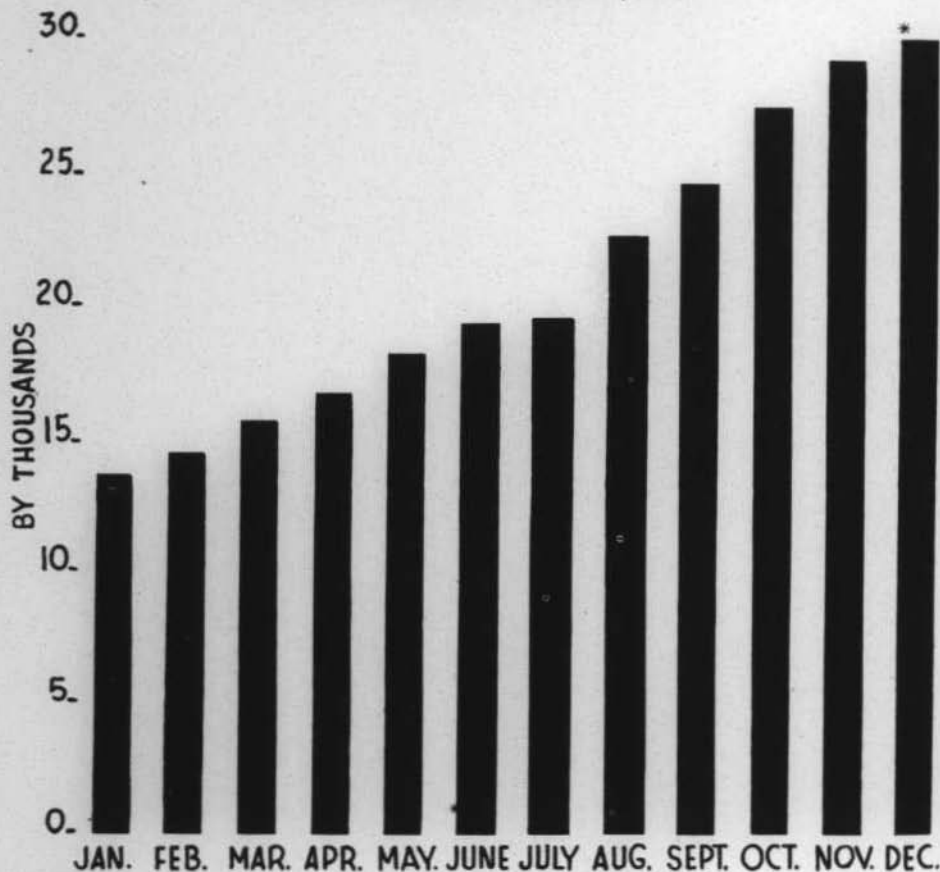
★ GRAPH 6. MONTHLY AVERAGE OF PATIENTS UNDER TREATMENT IN CLINICS IN FLORIDA, 1937-1942



★ TABLE 7. MONTHLY AVERAGE OF PATIENTS UNDER TREATMENT IN CLINICS FLORIDA 1937-1942.

YEAR	Monthly Average of Patients Under Treatment
1937	423
1938	6,693
1939	7,786
1940	8,843
1941	12,600
1942	20,131

★ GRAPH 7. NUMBER OF CASES OF VENEREAL DISEASES UNDER TREATMENT IN CLINICS IN FLORIDA BY MONTH, 1942.



\*Estimated—Reports for month of December incomplete at publication.

★ TABLE 8. NUMBER OF CASES OF VENEREAL DISEASES UNDER TREATMENT IN CLINICS BY MONTH IN FLORIDA IN 1942.

MONTH	Number of Cases of Venereal Disease Under Treatment	MONTH	Number of Cases of Venereal Disease Under Treatment
January .....	13,393	July .....	19,461
February .....	14,317	August .....	22,600
March .....	15,715	September .....	24,633
April .....	16,912	October .....	27,743
May .....	18,186	November .....	29,236
June .....	19,248	December .....	29,917*

of prostitution have been satisfactory. However, in most localities, they have been most praiseworthy. Credit for this accomplishment is not claimed by this Division. The main credit should properly go to the public spirited and cooperative mayors, police chiefs and sheriffs throughout the State who have brought about this result. Noteworthy contributions toward this end have been made by the Governor, the Federal Bureau of Investigation, the Chief of the Health and Housing Section of the Office of Civilian Defense, the representative of the Division of Social Protection of the Federal Security Agency, the American Social Hygiene Association, the Junior Chamber of Commerce, the State-Wide Public Health Committee, and many other persons and agencies. While due to the activities of the above-mentioned persons and agencies, the commercialized prostitute has been almost eliminated from the picture in Florida, there remains the enormous problem of the clandestine and "occasional" prostitute, who is just as dangerous to the armed forces and the civilian population. The efforts of all persons and agencies interested in the venereal disease control problem are now concentrated on this particular type of person. An alarming number of these girls are in the 'teen age, but it is felt that by the concerted effort of all, this problem can be substantially reduced. Officials and other interested persons are concentrating particularly on the parents of these girls in an effort to solve this problem through better parental education and guidance.

During the year an application was submitted to the Federal Works Agency for funds for the maintenance and operation of three quarantine hospitals for infected, delinquent women in the State. This application was approved and two CCC camps have been made available to the State Board of Health by the Army for this purpose. It is believed that these two hospitals will be in operation within a short time, and efforts are being made to locate a third.

The record of accomplishments for the year 1942 would not be complete without acknowledging the indebtedness of the Division to its former Director, Doctor L. C. Gonzalez, who started the Division of Venereal Disease Control in 1938, and who resigned in May 1942 to enter private practice. A number of the tables and charts show the steady increase

in the work done under his direction over that period. It is also obvious that the venereal disease control program would have made no progress without the constant interest and effort of the numerous health officers, venereal disease control officers, and clinicians connected with this work throughout the State.

### THE OUTLOOK

The outlook for the eradication of the venereal diseases in Florida is most encouraging, provided public interest is maintained at the present level and funds made available for the purpose. One of the major reasons for optimism has been the increasing interest and hearty cooperation in the program shown by the medical profession. This interest and cooperation has not only been evidenced by the help of many members of the profession in the venereal disease clinics throughout the State, but the physicians have taken advantage of every opportunity to acquaint themselves with the venereal disease problem, not only from a clinical, but from a public health point of view. Some doctors have taken time from their practice to take postgraduate courses in venereal disease control so that they could better serve their communities. Practically all the medical societies have given over at least one of their entire meetings for a program on venereal diseases. With the cooperation of the Venereal Disease Committee of the Florida Medical Association, an outstanding authority on gonorrhea, Doctor P. S. Pelouze was brought to Florida for a month of lectures to the local medical societies and to lay groups. Due to the increased number of clinics established and to the interest of the medical profession, it can be said that at the end of the year treatment was within the reach of every infected person in the State of Florida. The medical profession has cooperated wholeheartedly in treating infected persons who are able to pay even very small fees. Those indigent persons unable to pay the price physicians usually charge are nearly always within reach of one of the 153 clinics operating throughout the State.

Among other developments during the year which affect the outlook of venereal disease control in Florida has been the development of various improved methods of treating syphilis. There are several

methods under study in various parts of the country and all have this advantage: that they require much less time than the year to eighteen months' course of treatment now used. In May, 1942, Doctors Warren, Carpenter and Jones from the University of Rochester, Rochester, New York, after surveying various places in the country, decided that Jacksonville offered the most advantages for a trial of the intensive treatment method which they had developed. Quarters for this work were furnished by the Duval County Welfare Board in the Duval County Hospital. Doctor Nathaniel Jones has been in Jacksonville since that time and has been studying their method on suitable cases, in cooperation with the U. S. Public Health Service and the Florida State Board of Health. This method consists in raising the patient's temperature to 106 degrees for a period of five hours by placing the patient in a heat cabinet developed at the University of Rochester. Concurrently with the fever induced, a single dose of an arsenical is given. The results from treating more than a hundred patients by this method, thus far, have been most encouraging, and are equal, or superior, to the results obtained by other intensive treatment methods. The results also compare favorably, at least during the short period of observation possible since the beginning of the work, with those obtained by the standard treatment methods. Physicians and health officers throughout the country are intensely interested in this new method of treatment and are watching it closely. However, no claims are being made by those connected with this work, until a longer period of observation is possible. It is important that the general public realize that there is adequate reason for this caution, due to the nature of the disease being treated. Syphilis is a chronic disease of long duration and may last for a life time. The early symptoms of the disease, such as the initial sore and skin rash, usually clear up spontaneously, even if not treated, within a few weeks or months, and no other serious symptoms may become evident until years later. In testing new treatment methods, therefore, it is necessary to observe the persons treated for many years in order to see if there are any relapses or serious late complications. These observations are being carried on in connection with this treatment method and it is the hope of all connected with it that it will prove to be the answer to the quest for an easy and practical way of destroying the

syphilitic spirochete. It will be remembered that more than thirty years ago the German chemist, Ehrlich was thought to have made this discovery, when he perfected the drug salvarsan. At that time, it was thought that a single dose of this drug was enough to cure a patient inflicted with syphilis. However, years of observation showed that many persons so treated relapsed and developed serious late complications. It was for that reason that the present so-called standard treatment method was evolved, which requires weekly injections of an antisyphilitic drug for a year or more. For this reason, physicians and health officers will not discard the older and surer method until a newer and better one has been tried and proved by the test of time.

★ TABLE 10. SEROLOGIC TESTS FOR SYPHILIS AND MICROSCOPIC EXAMS FOR GONORRHEA—STATE LABORATORIES—1933 TO 1942.

YEAR	SYPHILIS	GONORRHEA
1933	97,475	13,131
1934	131,657	17,340
1935	136,558	20,450
1936	145,928	25,376
1937	193,249	28,231
1938	242,704	28,720
1939	288,241	31,958
1940	449,256	35,767
1941	908,360	43,591
1942	1,239,399	58,936

Considering the progress made during the past year and in the years preceding it, the hope for better methods of treatment, and taking into consideration the aroused public interest in the subject, it is believed that the outlook for venereal disease control in Florida is most encouraging. At the present writing, Florida has an unenviable record as to the prevalence of venereal diseases, but it is certain that if the people continue to respond to the challenge presented, there need be no fear as to the eventual outcome.



## ★ FILMS ON VENEREAL DISEASE

*Available from Bureau of Health Education  
Florida State Board of Health  
Jacksonville, Florida*

The Bureau of Health Education of the State Board of Health has films on the subject of syphilis and gonorrhea available for showing before civic organizations, school groups, professional audiences, and military personnel. These films are 16mm. in size; all films are sound with the exception of two and some films are in technicolor.

These films may be borrowed without charge except that the borrower is requested to pay transportation charges both ways. They will be sent express collect and should be returned express prepaid.

Requests for the use of any films listed below should be made well in advance of the showing date.

### FOR LAY GROUPS

HEALTH IS A VICTORY, sound.

Gonorrhea excellently discussed for the lay audiences.  
Running time 15 minutes.

IN DEFENSE OF THE NATION, sound.

Shows how a community can help protect soldiers, sailors and defense workers from syphilis and gonorrhea. Running time 15 minutes.

LET'S OPEN OUR EYES, sound and silent prints.

The problem of syphilis is discussed and also what can be done about it. Running time 15 minutes.

**SYPHILIS: ITS NATURE, PREVENTION AND TREATMENT.** Silent only.

Designed for the laity, but pictures technical points in considerable detail. Running time 15 minutes.

**WITH THESE WEAPONS,** sound.

Briefly and effectively tells the facts about syphilis and its relations to personal, family and community health. Running time 15 minutes.

### FOR MILITARY PERSONNEL

Any of the above listed films as well as:

**KNOW FOR SURE,** sound.

Describes the early symptoms of syphilis and how to prevent new infections, proving that it doesn't pay to take chances. For men's groups only. Running time 22 minutes.

**SYPHILIS,** sound and color.

For professional use, but because it shows the diagnosis and management (with public health aspects) of syphilis, it is recommended to military groups. Running time 45 minutes.

### FOR PROFESSIONAL GROUPS

**DIAGNOSIS AND TREATMENT OF SYPHILIS,** sound.

A motion picture clinic covering the diagnosis, treatment and general care of syphilis. Running time 60 minutes.

**SYPHILIS,** sound and color.

Shows the diagnosis and management of syphilis. Running time 45 minutes.

**Address all requests for films to Bureau of Health Education,  
State Board of Health, P. O. Box 210, Jacksonville, Florida.**

## MORTALITY STATISTICS

Deaths and death rates from syphilis are apt to be less reliable than similar figures from some other diseases, because doctors sometimes fail to assign that disease as a cause of death even when they know syphilis is the true cause. This fact must be taken into consideration in considering any analysis of such figures.

★ TABLE II. RESIDENT SYPHILIS DEATHS AND DEATH RATES PER 100,000  
POPULATION BY COLOR, BY COUNTIES, FLORIDA, 1941.

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
STATE	499	26.1	134	9.6	365	70.5
Alachua	6	15.5	2	8.8	4	25.1
Baker	0	-----	0	-----	0	-----
Bay	2	9.6	1	6.0	1	23.4
Bradford	2	22.9	0	-----	2	89.8
Brevard	12	74.0	1	9.2	11	207.4
Broward	7	17.2	0	-----	7	49.0
Calhoun	0	-----	0	-----	0	-----
Charlotte	1	27.3	1	33.4	0	-----
Citrus	1	17.1	0	-----	1	59.0
Clay	1	15.5	1	21.1	0	-----
Collier	0	-----	0	-----	0	-----
Columbia	0	-----	0	-----	0	-----
Dade	74	27.2	25	11.3	49	97.0
DeSoto	2	25.7	0	-----	2	125.5
Dixie	6	84.7	1	25.1	5	161.7
Duval	65	30.7	13	9.1	52	75.4
Escambia	5	6.6	2	3.5	3	16.9
Flagler	3	99.7	0	-----	3	224.0
Franklin	1	16.7	0	-----	1	50.1
Gadsden (Ex.)	8	29.7	0	-----	8	50.4
State Hosp.	69	1532.7	32	111.5	37	2267.2
Gilchrist	0	-----	0	-----	0	-----
Glades	0	-----	0	-----	0	-----
Gulf	2	28.0	0	-----	2	81.6
Hamilton	2	20.4	1	17.7	1	24.2
Hardee	1	9.8	0	-----	1	137.9
Hendry	2	37.7	0	-----	2	104.7
Hernando	0	-----	0	-----	0	-----
Highlands	3	32.4	0	-----	3	154.3
Hillsborough	45	24.8	14	9.4	31	97.8
Holmes	1	6.5	1	6.8	0	-----
Indian River	2	22.3	1	15.9	1	37.3
Jackson	1	2.9	0	-----	1	8.1
Jefferson	2	16.6	0	-----	2	25.0

★ TABLE II. RESIDENT SYPHILIS DEATHS AND DEATH RATES PER 100,000  
POPULATION BY COLOR, BY COUNTIES, FLORIDA, 1941. (Continued).

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
Lafayette	2	45.3	1	25.1	1	232.0
Lake	7	25.7	0	-----	7	92.1
Lee	2	11.4	0	-----	2	50.2
Leon	6	18.8	1	6.3	5	31.0
Levy	3	23.9	0	-----	3	62.1
Liberty	0	-----	0	-----	0	-----
Madison	3	18.5	1	11.8	2	25.9
Manatee	10	38.1	1	5.2	9	130.2
Marion	6	19.2	0	-----	6	44.1
Martin	0	-----				
Monroe	1	7.1	0	-----	1	38.9
Nassau	3	27.5	0	-----	3	82.1
Okaloosa	1	7.7	0	-----	0	-----
Okeechobee	0	-----	0	-----	0	-----
Orange	16	22.6	3	5.6	13	76.0
Osceola	1	9.9	1	12.4	0	-----
Palm Beach	21	25.8	2	3.8	19	65.6
Pasco	8	56.7	3	25.4	5	217.7
Pinellas	13	13.9	6	7.8	7	42.8
Polk	14	16.1	3	4.4	11	59.3
Putnam	4	21.4	1	9.2	3	38.0
St. Johns	3	14.9	2	15.4	1	14.0
St. Lucie	7	58.3	2	25.3	5	121.2
Santa Rosa	1	6.2	1	7.1	0	-----
Sarasota	10	61.6	1	7.9	9	250.9
Seminole	7	31.4	0	-----	7	65.1
Sumter	2	18.0	0	-----	2	64.8
Suwannee	2	11.7	1	8.6	1	18.3
Taylor	5	43.1	1	12.6	4	108.6
Union	3	42.3	0	-----	3	145.3
Volusia	8	14.8	3	7.7	5	33.9
Wakulla	1	18.8	1	27.6	0	-----
Walton	1	7.0	0	-----	1	50.3
Washington	2	16.3	2	19.9	0	-----

040

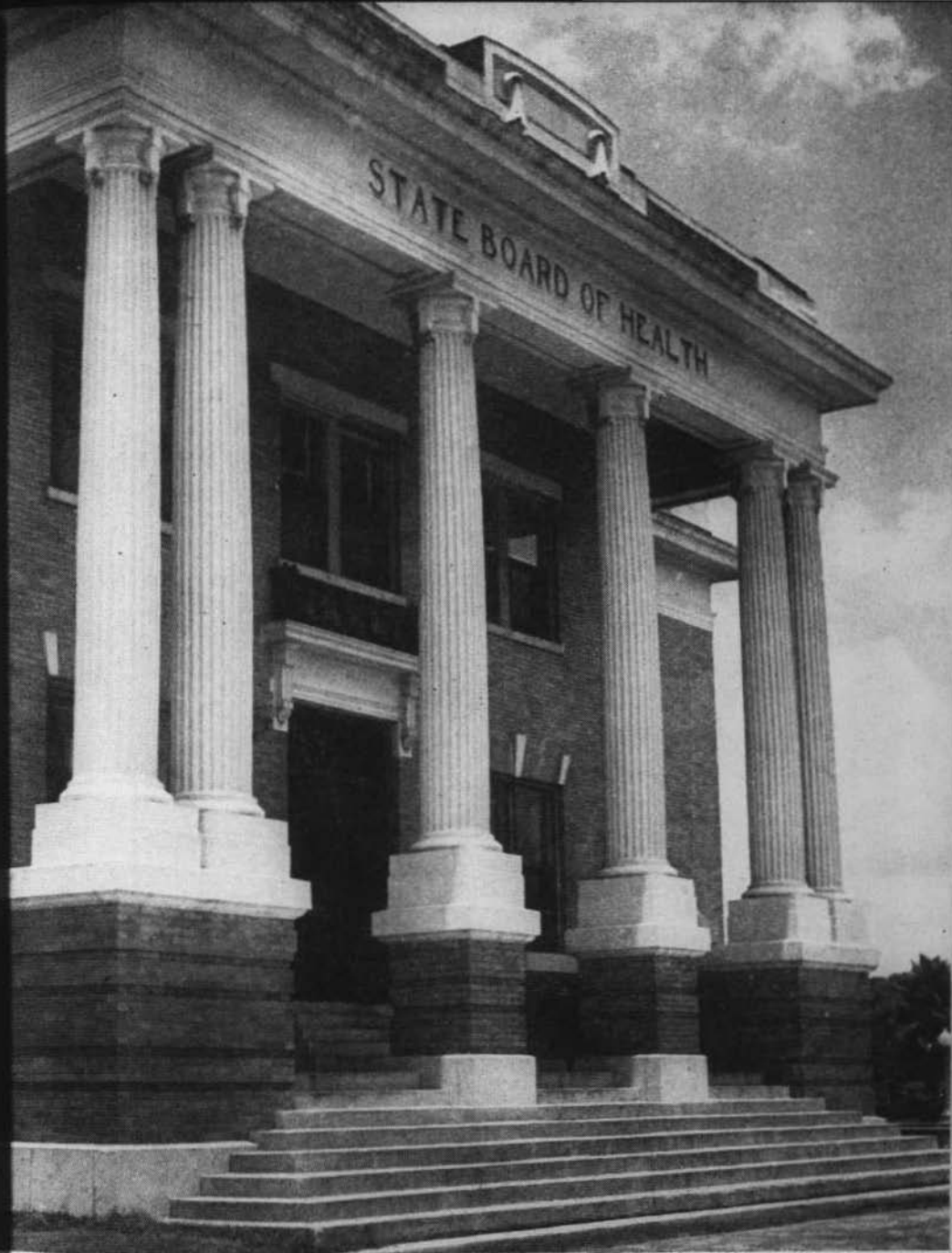
FLA STATE LIBRARY  
TALLAHASSEE, FLA

★ TABLE 12. RESIDENT SYPHILIS DEATHS AND DEATH RATES PER 100,000  
POPULATION BY COLOR, FLORIDA, 1932-1941.

Years	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
1941	499	26.1	134	9.6	365	70.5
1940	444	23.2	103	7.4	341	65.8
1939	447	24.1	91	6.8	356	70.1
1938	444	24.7	101	7.8	343	68.8
1937	458	26.4	115	9.2	343	70.2
1936	394	23.5	85	7.1	309	64.5
1935	419	25.9	102	8.9	317	67.6
1934	484	30.5	91	8.1	393	85.1
1933	450	29.0	91	8.3	359	79.6
1932	379	24.8	89	8.2	290	64.9

EDWARD M. L'ENGLE, M. D.,  
*Director.*





# *Florida* **HEALTH NOTES**

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • MARCH, 1943 • VOL. 35 • No. 3

# Florida HEALTH NOTES

ESTABLISHED 1912

Hon. Spessard L. Holland  
Governor of Florida

## BOARD MEMBERS

Herbert L. Bryans, M.D., President ..... Pensacola  
William Parr, Ph. G. .... Tampa  
Robert B. McIver, M.D. .... Jacksonville

Henry Hanson, M. D. .... State Health Officer

## ACCREDITED HEALTH UNITS

### STATE BUREAUS—DIVISIONS JACKSONVILLE

*Accounting*  
G. Wilson Baltzell

*Dental Health*  
Lloyd N. Harlow, D.D.S.

*Local Health Service*  
A. W. Newitt, M.D.

*Narcotics*  
M. H. Doss

*Engineering*  
John B. Miller, Acting Director

*Health Education*  
Elizabeth Fretwell

*Laboratories*  
Pearl Griffith, Acting Director

*Maternal & Child Health*

County	Town
Baker _____	Macklenny
Bay _____	Panama City
Bradford _____	Starke
Broward _____	Ft. Lauderdale
Clay _____	Green Cove Springs
Dade _____	Miami
Duval _____	Jacksonville
Escambia _____	Pensacola
Franklin _____	Apalachicola
Gadsden _____	Quincy
Gilchrist _____	Trenton
Glades _____	Moore Haven
Gulf _____	Port St. Joe
Highlands _____	Sebring
Hillsborough _____	Tampa
Jackson _____	Marianna
Jefferson _____	Monticello
Lake _____	Tavares
Leon _____	Tallahassee
Levy _____	Bronson
Madison _____	Madison
Monroe _____	Key West
Nassau _____	Fernandina
Okaloosa _____	Crestview
Orange _____	Orlando
Pinellas _____	Clearwater
Santa Rosa _____	Milton
Seminole _____	Sanford
Taylor _____	Perry
Volusia _____	DeLand
Wakulla _____	Crawfordville
Walton _____	DeFuniak
Washington _____	Chipley

### STATE BUREAUS—DIVISIONS JACKSONVILLE

*Public Health Nursing*  
Ruth E. Mettinger, R.N.

*Vital Statistics*  
Edward M. L'Engle, M.D.

*Epidemiology*  
E. F. Hoffman, M.D., Acting  
Director

*Tuberculosis*  
Lynne E. Baker, M.D.

*Veneral Disease Control*  
W. T. Sowder, M.D.

*Malaria Control*  
John E. Elmendorf, Jr., M.D.

*Malaria Research*  
Tallahassee  
Mark F. Boyd, M.D.  
Rockefeller Foundation

*Entomologist*  
W. V. King, Ph.D.  
Orlando  
U. S. Bureau Entomology

Florida Health Notes, published monthly on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act. of Aug. 24, 1912.

## ★ CIVILIAN DENTAL CARE DURING THE WAR

by LLOYD N. HARLOW, D.D.S., *Director*  
*Bureau of Dental Health*

The armed forces have taken a great many more than the allotted quota of dentists from Florida. Practically all of the younger dentists with special training in children's dentistry are in the service. Children's dental clinics throughout the state have suffered greatly from this condition.

The Florida Dental Procurement and Assignment Committee is fighting to keep enough dentists in Florida to care for our civilian population. It is realized that the armed forces need dentists and that many more will be taken from Florida; however, several states have not furnished their quota of dentists. These same states claim to have an over-supply of dentists who are willing to move to Florida—*PROVIDED*, the state dental laws on qualifications are lifted.. Wouldn't it be better for your personal dentist to remain and care for you than to have our state over-crowded with dentists of unknown qualifications who are not wanted in their own communities? If these states have an over-supply of dentists and the armed forces need dentists, isn't it logical that the armed forces take the dentists from these states first, then call upon our dentists if needed? Why should the dentists in your communities who are rendering you valuable service be taken into the armed forces and the men of questionable ability from the over-crowded states be sent to Florida to replace them? Why shouldn't these men replace those called to service in their own localities?

While Florida has sufficient dentists to care for the population at the present time, it is not, and will not, be possible for all the people in Florida to receive the dental treatment necessary to completely rehabilitate their mouths should many more dentists be called into service.

The time-worn expression—an ounce of prevention is worth a pound of cure—is very applicable in dentistry, and especially so now when the dental profession is greatly over-worked. If the children in Florida are taken to the dentist at an early age and both children and adults visit the dentist regularly so that small defects can be taken care of, the teeth of the children and of the adults will be saved and the cost of dental care very much reduced to the patient.

The loss of time from our war effort caused by dental diseases can be reduced by early treatment. It is most important that the small defects be cared for now, as the larger these defects become the more time must be consumed by the dentist to care for them. Most of our remaining dentists are working longer hours to try to give everyone the necessary dental treatment, but if the minor cavities are neglected until they become large cavities, or the tooth is lost, the dental ills of our people will become so great that we will not have a sufficient number of dentists remaining in Florida to render ample service to the patients.

Your dentist is only human—although many people believe he is a machine working day and night. The dentist must have his rest and recreation the same as you. Cooperate with him. Save your teeth, your time, and help him save time to care for other patients.

Be sure to take advantage of your dentist's x-ray. By means of the x-ray, small cavities not visible to the eye are found and can be filled before they become extensive and expensive restorations. The x-ray will also find destruction from pyorrhea and other causes which, by receiving early treatment, may prevent the loss of all your teeth and loss of time from our war activities.

How about you? Do you wait until you have a toothache before you see your dentist? If you do, the chances are you will lose a tooth which will necessitate bridge work. If you and your neighbor wait until bridge work and dentures become necessary you will possibly find your dentist at home with a nervous breakdown and no one to ease your toothache and replace those missing teeth.

**COOPERATE.** See your dentist early, save your teeth, save expense, and save your dentist for another day.

## ★ WHEN MOTHER GOES TO WORK

by VERA W. WALKER, *State Nutrition Consultant*  
*Bureau of Maternal and Child Health*

Many a mother who has not worked since she married, who for several years has been devoting her full time to the care of a home and family, has answered the call to serve, and is again employed in business or industry. As she shifts from working-for-love to working-for-pay, what provision is she making for feeding the family?

When she must be at the office before the boss arrives, will she have time in the morning to prepare a breakfast that will get the family (and herself) off to a good start? Or will she gulp some coffee and run for the bus, leaving the children to find breakfast for themselves or hurry off to school with little or none.

Many people do not recognize the value of an adequate breakfast. They do not realize that the "let-down feeling" which comes in the middle of the morning is actually hidden hunger. A bottled cold drink taken at that time is a temporary relief because it supplies sugar (and caffeine) for quick energy. However, it does not contribute toward the body's need for protective foods.

When lunch time arrives, does Mother hurry to the corner drug store for a white bread sandwich and a "coke," or does she have a well chosen hot lunch or a well planned packed lunch? Are the children at school also eating a "stop-gap" lunch, or are they having a hearty meal? If breakfast and lunch are slighted, two-thirds of the day's meals are done but not one-third of the day's needs met.

If the evening meal must fulfill most of the day's need for vegetables, fruits, and milk, it will have to be carefully planned and executed. It is quite possible to have an adequate diet even though the noon meal is a packed lunch. Breakfast should be planned to contain fruit, a whole grain cereal or bread, and milk. The packed lunch should be made up of whole wheat sandwiches containing a protein food (such as

(Continued on page 55)



## ★ FIGHT THE FIRST FLIES OF SPRING

By J. B. MILLER, *Bureau of Sanitary Engineering*

The crisp, cool days of late winter will soon give way to the warmer weather of spring. With the advent of spring will come the scourge, *Musca domestica*, better known as the common house fly.

Cold weather slows breeding and development of the house fly, but its metamorphosis is accelerated by the warmth of sunshiny spring days—resulting in an ever increasing multitude of these dangerous pests as the summer advances, and where proper control measures are not carried out.

The time to inaugurate fly-control measures on our premises and in our communities is, of course, in early spring when the number of these insects is small. This is vitally important because the offspring or descendants of each fly can be numerous beyond the imagination by the middle of the summer.

Each female fly will lay about 125 eggs at one time. Since flies reach maturity and the female adults become able to lay eggs in a short period (egg-to-adult) of ten to fourteen days, at summer temperature, it is readily seen that a single fly, if allowed to survive, can possibly have countless millions of "descendants" before the summer is over.

For these reasons, the common house fly must be classed as an enemy of human beings:

- ★ **The habits of the house fly.**
- ★ **Improper disposal of human body wastes.**

Habits of the fly are filthy. The fly breeds in filth and feeds on filth. It also has the habit of moving from filth to our domiciles, creating a living chain of disease germs to food to dining room table to be eaten unseen by our friends, ourselves and our children.

Since human body wastes are very likely to contain disease germs, and the fly's habits being such as they are, the health menace of the fly is very apparent. The fly has been responsible for the spread of such diseases as:



- ★ **Dysentery**
- ★ **Typhoid fever**
- ★ **Tuberculosis**
- ★ **"Summer diarrhea" of infants**

The virus or germ of infantile paralysis or poliomyelitis has been found in sewage, so the question is very reasonably asked as to the possibility of the house-fly spreading this dread malady.

The case against the filthy fly has long been clear. Every effort possible should be made to prevent the propagation of this dangerous pest. Remember, flies breed in filth such as:

- ★ **Open type privies**
- ★ **Manure piles**
- ★ **Garbage when left several days**

Make an inspection of your premises. Have "clean-up week" every week if necessary. But now is the time to do the most good in fly-control, before warmer weather arrives. To keep down fly-breeding and spread of sickness, early effort counts.

#### WHEN MOTHER GOES TO WORK — Continued from page 53

meat, egg, cheese, or peanut butter), with a fruit or vegetable (such as celery, raw carrots, or a whole tomato), and milk. The evening meal which contains meat or another protein dish, and two vegetables (one of them should be green or yellow), in addition to other foods, can complete the day's needs, as they are interpreted in the recommended daily food guide.

Certainly women who have the ability and training to contribute to our war effort should do so—but only if careful plans have been made for the care of the children, and the family's food is wisely selected.

Children won't wait until the war is over and Mother is home again. Their bones go on forming—straight or crooked. Their bodies go on developing—well or poorly. When Mother goes to work, she still has the responsibility for planning for the family's care and feeding.

## ★ SYMPTOMS OF PULMONARY TUBERCULOSIS

by LYNNE E. BAKER, M.D., *Director*  
*Division of Tuberculosis*

It is important to remember that in the very early phase of pulmonary tuberculosis often the patient has no symptom. An x-ray of the lungs is the only way the disease can be detected at this stage. Then, when symptoms first appear, they usually are not very alarming.

It is unfortunate that pulmonary tuberculosis is not ushered in by a chill, a severe pain or a high fever. Rarely are the initial symptoms (the onset) so dramatic that the patient will be concerned and immediately consult his physician. Rather, the disease creeps upon the subject "like a thief in the night." In many cases the patient will have a cold or the "flu" which never completely disappears.

The symptoms of pulmonary tuberculosis are more easily remembered if divided into two groups: the general symptoms which refer to the body as a whole; the local symptoms which refer to an infection in the respiratory tract.

### ★ GENERAL SYMPTOMS

1. **Loss of Strength**—This is the most common and one of the earliest symptoms. A person may notice weakness, tiredness, lack of pep or may feel "run down." Any change in strength or endurance over a few weeks' period is worth investigating at once.
2. **Loss of Weight**—This is usually rather gradual—perhaps a few pounds a month. In some cases it is more rapid; in others, there is no weight loss. Just because a person is fat is no indication he cannot contract tuberculosis.
3. **Fever**—There usually is a low grade fever ( $99^{\circ}$ - $102^{\circ}$ ) in the afternoon and early evening; the temperature returning to normal ( $98.6^{\circ}$ ) or subnormal in the morning.
4. **Night Sweats**—Night sweats is a later manifestation of the disease, and is often so profuse the patient has to change his gown during the night.

5. **Rapid Pulse**—This is one of the earlier symptoms which is frequently overlooked by the patient.
6. **Poor Appetite and Indigestion**—Poor appetite or loss of appetite is often accompanied by indigestion or vague intestinal disturbances.
7. **Nervousness**—Practically everyone is nervous, but this symptom often is rather marked and may appear early. Very often, one or two of the earliest symptoms are in the above group before symptoms referable to the lungs develop. It should also be noted that the general symptoms are the same as found in many other common illnesses.

## ★ LOCAL SYMPTOMS

1. **Cough That Hangs on**—Any cough that lasts more than two or three weeks should make one suspicious of pulmonary tuberculosis and merit an x-ray of the lungs. The cough is usually worse at night and early in the morning. It should be remembered, however, that many patients with early pulmonary tuberculosis have no cough.
2. **Expectoration**—Though the cough may be dry at first, the patient usually brings up phlegm or sputum later. In some cases there is expectoration with no cough.
3. **Spitting Up Blood**—This seldom is an early symptom. Anyway, if this occurs, the patient should consult his physician at once.
4. **Pleurisy**—Most of the cases of pleurisy are due to a tuberculous infection of the pleura (the thin membrane covering the lung). When pleurisy is present, the pain is severe. The majority of patients with pulmonary tuberculosis, however, do not have pleurisy. Consequently, sharp pain is not a common symptom of pulmonary tuberculosis. A slight aching in the shoulder region is fairly common, however.
5. **Hoarseness or Huskiness of the Voice**—If hoarseness develops and gradually increases, even though the patient has no cold, one should suspect the possibility of pulmonary tuberculosis. Many times the voice is completely lost.

It cannot be emphasized too strongly that one should consult his physician so that an x-ray of the lungs can be taken when one or two symptoms have developed. *Do not wait until most of the symptoms have appeared.* It may be too late for treatment to be effective. The earlier tuberculosis is detected the less time it will take for recovery.

## ★ HEALTH CERTIFICATION OF FOOD HANDLERS

by E. F. HOFFMAN, M. D., *Acting Director*  
*Bureau of Epidemiology*

For obvious reasons health certification as such has definitely fallen into disrepute.

Closer analysis of the facts relating to the failure of the health card to assist effectively in the control of communicable disease would probably reveal that failure was not due to a fault in the epidemiological principles involved but to the manner in which these principles were applied.

The educational value of the health certificate procedure in stimulating periodic examination for physical check-up has been demonstrated.

Failure of professional groups, including health departments, to shoulder the responsibility and effectively and honestly administer health certification has resulted in a disillusioned public, with the consequent diversion of public funds and public health responsibilities into channels inadvisedly informed and fitted for the administration of health certification.

As a result health certification in the past has become a means of exploiting the working class for monetary gain. Too often members of the profession, including health officers, have side stepped the responsibility placed upon them by legislation and have failed to direct the public mind as to the true value of health certification for the sake of reaching some other objective.

Because of the manner in which doctors and health officers have conducted health certification examinations people in Florida as well as elsewhere have the erroneous idea that if an employee has a negative blood Kahn report he is fit to serve as a food handler or in any other capacity. Contrary to all ethics and respect of the privileged communication between private physician and client, negative Kahn reports have been flaunted before the public as badges of purity. Little time has been taken to explain that a negative report does not always mean that the patient is free from syphilis. For instance, when an individual has a primary syphilitic lesion the germs of syphilis have not yet entered the blood stream and the blood test would be negative. Few

have taken time to explain to the food handler that syphilis and gonorrhea rarely if ever are transmitted through the handling of food.

Unfortunately it is true that prostitutes and other infected persons are frequently employed as cooks, waiters, and waitresses in Florida as well as elsewhere. Thus, it may be said that food handlers do spread syphilis and gonorrhea but these diseases are seldom spread by the handling of food.

Many examiners in the past gave little or no thought, other than for monetary gain to the taking of a communicable disease history of the applicant or the screening out of carriers of typhoid, paratyphoid, dysentery, or tuberculosis. These are diseases to be concerned about primarily when examining food handlers. Some examiners have done as little as sign their names to the certificate for the usual fee. An occasional health department has grasped the opportunity of using the health card as a means of collecting fees to enlarge the health budget.

Critics are beginning to point their fingers at Florida as an example of how "food handlers, domestics, students, teachers, and other employees of private, parochial, and public schools, colleges and universities, employees of public baths, swimming pools, barber shops, and nurses, nursemaids, hair-dresses, manicurists, chiropodists and masseurs are excluded from their occupations if they have a venereal disease." It is time that the State Board of Health together with the profession assume complete responsibility and administer matters pertaining to health certification adequately.

As a step in this direction regulation 38-B of the State Sanitary Code, Chapter XXXIV, Rules and Regulations for the Control of Communicable Diseases was adopted by the State Board of Health on November 25, 1942. This regulation places the health certification of all food handlers in the hands of the State Health Officer and administrative responsibility with the State Board of Health. The regulation requires health certification of all food handlers, including domestics, cooks, waiters, waitresses, dish washers, milk handlers; canning plant workers; gatherers, shuckers, pickers, packers; water bottlers and any one handling food for public sale or consumption or who in any way comes in contact with food or eating and cooking utensils, during the time the food is being prepared or served.

Certification for physical fitness for the handling of food is on the basis of initial and continued freedom from the communicable state of any communicable disease but particularly typhoid, paratyphoid, dysentery or tuberculosis.

(Continued on page 61)



## ★ FLORIDA LIFE TABLES

by BETTY AMBLER, *Statistician*  
*Bureau of Vital Statistics*

Life expectancy refers to the average length of life experience of the entire population at any given age, and not to individual experience.

Such a table is a method of presenting essential facts about the age distribution of mortality. On the following pages are summaries of abridged expectancy tables for the State of Florida. Population figures are from the U. S. Census of Florida, 1930 and 1940, and the average number of deaths in Florida at each age interval for the years 1929 through 1931 and 1939 through 1941. The average number of deaths for a three-year period was used in order to give a more accurate picture.

Certain comparisons may be made with the life expectancies of the age intervals and of the racial groups. The 1940 figures indicate a definite improvement, a longer average life for each age interval in both racial (white and non-white) groups, over the 1930 figures. This is in line with the reduced general death rate and the lengthening of life expectancy for the population of the United States as a whole.

In Florida, in the period 1930 to 1940, the greatest life expectancy increase occurred among the younger age groups, under five years old, with slightly less increase in the 5 to 20 year age group. This could possibly indicate improved sanitary and nutritional conditions throughout the state during this ten year period. At all age levels, the non-white population of Florida made a noticeably poorer showing than the white population; in spite of the fact that the non-white life expectancy is increasing at a more rapid rate than the white.

This very considerable "lag" in the non-white population presents a difficulty when comparisons of total life tables are made with any other state having a very small non-white population. However, comparisons with two such states relative to total life expectancy indicated that persons at the 50 year age level in Florida had a greater life expectancy than in the two states studied.

These lower death rates in later life in Florida, balanced against the high infant mortality rate, resulted in a slight life expectancy advantage for Florida white infants under 1 year over infants under 1



year in the two northern states studied. Thus, while fewer Florida white infants lived to the age of 1 year, those who did survive lived a longer life than those in the two northern states. For this reason, the average life expectancy in Florida was greater.

Comparison of the 1930 and 1940 U. S. Census figures for Florida indicates a definite lengthening of life expectancy during that period. It would also appear that for the older age groups in Florida life expectancy has increased over that of the same age groups in the two states compared.

---

#### HEALTH CERTIFICATION OF FOOD HANDLERS — Continued from page 58

These four specific conditions in the case of food handlers are only transmissible when the individual is suffering from the disease or when, although no clinical manifestations are present, he still harbors and is periodically or continuously emitting the organisms in the body discharges.

Under no circumstances should the incapacities of any employee be divulged to the employer or any other lay person. If the proper laboratory and clinical procedures indicated are performed on each applicant a certificate will rarely be issued to anyone having a condition in a communicable state. The certificate when granted, following the proper clinical and epidemiological procedure, will suffice to comply with any state law.

We agree that although the spread of venereal disease is not a problem of food handling, yet here in Florida as elsewhere, it remains a decided public health problem which can honestly and effectively be worked out in conjunction with health certification.

No blood Kahn test reports are to be given out to applicants to submit to employer. No applicant with syphilis or gonorrhea shall be denied a health certificate, except for failure to take treatment..

The health certificate is valid only so long as the individual remains in a non-communicable condition. In the event of exposure of the employee to a communicable condition in the home, which is transmissible in his occupation, his certificate will be revoked and will

continued on page 64

## SUMMARY OF ABRIDGED LIFE TABLES FOR FLORIDA, 1930

## TOTAL POPULATION

Age Interval x to x+N	Number Surviving to Exact Age x Out of 100,000 Born Alive	Number Dying in In- terval x to x+N Out of 1,000 Born Alive at Age x	Number Dying in In- terval x to x+N	Average Years of Life Remain- ing to Survivors at Age x
(1)	(2)	(3)	(4)	(5)
- 1	100,000	60.99	6,099	55.32
1- 4	93,901	22.22	2,086	57.90
5- 9	91,815	9.95	914	55.19
10-14	90,901	7.97	724	50.72
15-19	90,177	19.33	1,743	46.10
20-24	88,434	28.61	2,530	41.96
25-29	85,904	32.02	2,751	38.12
30-34	83,153	37.82	3,145	34.29
35-39	80,008	43.60	3,488	30.54
40-44	76,520	57.90	4,431	26.82
45-49	72,089	69.66	5,022	23.31
50-54	67,067	90.04	6,039	19.86
55-59	61,028	111.35	6,795	16.57
60-64	54,233	147.43	7,996	13.33
65-69	46,237	194.54	8,995	10.19
70-74	37,242	273.85	10,199	7.04
75+	27,043	721.16	19,502	—
	7,541	—	—	—

## WHITE POPULATION

Age Interval x to x+N	Number Surviving to Exact Age x Out of 100,000 Born Alive	Number Dying in In- terval x to x+N Out of 1,000 Born Alive at Age x	Number Dying in In- terval x to x+N	Average Years of Life Remain- ing to Survivors at Age x
(1)	(2)	(3)	(4)	(5)
- 1	100,000	47.66	4,766	59.99
1- 4	95,234	19.59	1,866	61.98
5- 9	93,368	8.96	837	59.19
10-14	92,531	5.98	553	54.71
15-19	91,978	12.92	1,188	50.02
20-24	90,790	18.34	1,665	45.64
25-29	89,125	18.83	1,678	41.44
30-34	87,447	24.22	2,118	37.19
35-39	85,329	27.15	2,317	33.05
40-44	83,012	36.86	3,060	28.90
45-49	79,952	46.47	3,715	24.91
50-54	76,237	63.09	4,810	20.99
55-59	71,427	90.04	6,431	17.23
60-64	64,996	131.76	8,564	13.68
65-69	56,432	183.41	10,350	10.36
70-74	46,082	266.74	12,292	7.11
75+	33,790	715.82	24,188	—
	9,602	—	—	—

## NON-WHITE POPULATION

Age Interval x to x+N	Number Surviving to Exact Age x Out of 100,000 Born Alive	Number Dying in In- terval x to x+N Out of 1,000 Born Alive at Age x	Number Dying in In- terval x to x+N	Average Years of Life Remain- ing to Survivors at Age x
(1)	(2)	(3)	(4)	(5)
- 1	100,000	91.62	9,162	46.36
1- 4	90,838	29.27	2,659	50.01
5- 9	88,179	11.44	1,009	47.47
10-14	87,170	12.43	1,084	43.00
15-19	86,086	32.99	2,840	38.50
20-24	83,246	46.95	3,908	34.72
25-29	79,338	55.05	4,368	31.31
30-34	74,970	66.85	5,012	27.98
35-39	69,958	78.97	5,525	24.81
40-44	64,433	107.30	6,914	21.71
45-49	57,519	123.38	7,097	19.02
50-54	50,422	165.81	8,360	16.33
55-59	42,062	191.66	8,062	14.08
60-64	34,000	211.57	7,193	11.83
65-69	26,807	250.04	6,703	9.35
70-74	20,104	317.97	6,392	6.64
75+	13,712	746.55	10,237	—
	3,475	—	—	—

Figures used : Population for Florida, U. S. Census, 1940

Average Number of Deaths for Florida, 1939-1941

## SUMMARY OF ABRIDGED LIFE TABLES FOR FLORIDA, 1940

## TOTAL POPULATION

Age Interval x to x+N	Number Surviving to Exact Age x Out of 100,000 Born Alive	Number Dying in In- terval x to x+N Out of 1,000 Born Alive at Age x	Number Dying in In- terval x to x+N	Average Years of Life Remain- ing to Survivors at Age x
(1)	(2)	(3)	(4)	(5)
- 1	100,000	57.10	5,710	58.91
1- 4	94,290	11.81	1,114	61.46
5- 9	93,176	5.98	557	58.18
10-14	92,619	5.98	554	53.52
15-19	92,065	11.93	1,098	48.83
20-24	90,967	18.34	1,668	44.38
25-29	89,299	22.27	1,989	40.16
30-34	87,310	28.13	2,456	36.02
35-39	84,354	32.50	2,758	31.99
40-44	82,096	44.06	3,619	27.97
45-49	78,477	59.32	4,655	24.14
50-54	73,822	82.68	6,104	20.50
55-59	67,718	106.40	7,205	17.12
60-64	60,513	131.76	7,973	13.85
65-69	52,540	170.45	8,955	10.57
70-74	43,585	246.97	10,764	7.21
75+	32,821	724.13	23,767	—
	9,054	—	—	—

## WHITE POPULATION

Age Interval x to x+N	Number Surviving to Exact Age x Out of 100,000 Born Alive	Number Dying in In- terval x to x+N Out of 1,000 Born Alive at Age x	Number Dying in In- terval x to x+N	Average Years of Life Remain- ing to Survivors at Age x
(1)	(2)	(3)	(4)	(5)
- 1	100,000	46.89	4,689	62.47
1- 4	95,311	10.86	1,035	64.53
5- 9	94,276	5.49	518	61.23
10-14	93,758	4.99	468	56.55
15-19	93,290	8.46	789	51.82
20-24	92,501	11.93	1,104	47.24
25-29	91,397	13.91	1,271	42.78
30-34	90,126	16.87	1,520	38.35
35-39	88,606	20.31	1,800	33.96
40-44	86,806	28.61	2,484	29.61
45-49	84,322	43.12	3,636	25.41
50-54	80,686	58.37	4,710	21.43
55-59	75,976	86.37	6,562	17.60
60-64	69,414	119.39	8,287	14.02
65-69	61,127	166.66	10,187	10.57
70-74	50,940	248.89	12,678	7.16
75+	38,262	733.81	28,077	—
	10,185	—	—	—

## NON-WHITE POPULATION

Age Interval x to x+N	Number Surviving to Exact Age x Out of 100,000 Born Alive	Number Dying in In- terval x to x+N Out of 1,000 Born Alive at Age x	Number Dying in In- terval x to x+N	Average Years of Life Remain- ing to Survivors at Age x
(1)	(2)	(3)	(4)	(5)
- 1	100,000	81.93	8,193	50.49
1- 4	91,807	19.97	1,833	53.97
5- 9	89,974	7.47	672	51.04
10-14	89,302	8.46	755	46.41
15-19	88,547	20.80	1,842	41.78
20-24	86,705	32.50	2,818	37.61
25-29	83,887	40.23	3,375	33.78
30-34	80,512	53.63	4,318	30.09
35-39	76,194	60.26	4,591	26.65
40-44	71,603	84.98	6,085	23.20
45-49	65,518	108.20	7,089	20.11
50-54	58,429	164.54	9,614	17.23
55-59	48,815	187.55	9,155	15.13
60-64	39,660	196.17	7,780	13.05
65-69	31,880	182.99	5,834	10.65
70-74	26,046	240.01	6,251	7.48
75+	19,795	662.76	13,119	—
	6,676	—	—	—

Figures used : Population for Florida, U. S. Census, 1930

Average Number of Deaths for Florida, 1929-1931

040  
TALLAHASSEE, FLA  
FLA STATE LIBRARY

MARCH 64

FLORIDA HEALTH NOTES

HEALTH CERTIFICATION OF FOOD HANDLERS — continued from page 61

remain so until all isolation and quarantine regulations have been complied with. The employer must report suspected or known communicable disease in an employee or employee's family to the health department.

Section 381.53 Florida Statutes 1942 provides that "the Sanitary Code of the Florida State Board of Health shall as to matters to which it relates, supercede all regulations heretofore or hereafter enacted by State Departments, Boards, or Commissions, or by local ordinances heretofore or hereafter enacted by incorporated villages, towns, or cities."

Other State Board of Health regulations governing the health certification of other employees in other occupations are being formulated.

Health certification of employees can well be considered an effective part of the physical fitness program.



# *Florida* **HEALTH NOTES**

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • APRIL, 1943 • VOL. 35 • No. 4

# Florida HEALTH NOTES

ESTABLISHED 1896

Hon. Spessard L. Holland  
Governor of Florida

## BOARD MEMBERS

Herbert L. Bryans, M.D., President.....Pensacola  
William Parr, Ph. G.....Tampa  
Robert B. McIver, M.D.....Jacksonville

Henry Hanson, M. D.....State Health Officer

## ACCREDITED HEALTH UNITS

**STATE  
BUREAUS—DIVISIONS  
JACKSONVILLE**

*Accounting*  
G. Wilson Baltzell

*Dental Health*  
Lloyd N. Harlow, D.D.S.

*Local Health Service*  
A. W. Newitt, M.D.

*Narcotics*  
M. H. Doss

*Engineering*  
John B. Miller, Acting Director

*Health Education*  
Elizabeth Fretwell

*Laboratories*  
Pearl Griffith, Acting Director

*Maternal & Child Health*

County	Town
Baker .....	Macclenny
Bay .....	Panama City
Bradford .....	Starke
Broward .....	Ft. Lauderdale
Clay....	Green Cove Springs
Dade .....	Miami
Duval .....	Jacksonville
Escambia .....	Pensacola
Franklin .....	Apalachicola
Gadsden .....	Quincy
Glades .....	Moore Haven
Gulf .....	Port St. Joe
Hillsborough .....	Sebring
Jackson .....	Marianna
Jefferson .....	Monticello
Lake .....	Tavares
Leon .....	Tallahassee
Levy .....	Bronson
Madison .....	Madison
Monroe .....	Key West
Nassau .....	Fernandina
Okaloosa .....	Crestview
Orange .....	Orlando
Pinellas .....	Clearwater
Polk .....	Bartow
Santa Rosa .....	Milton
Seminole .....	Sanford
Taylor .....	Perry
Volusia .....	DeLand
Wakulla .....	Crawfordville
Walton .....	DeFuniak
Washington .....	Chipley

**STATE  
BUREAUS—DIVISIONS  
JACKSONVILLE**

*Public Health Nursing*  
Ruth E. Mettinger, R.N.

*Vital Statistics*  
Edward M. L'Engle, M.D.

*Epidemiology*  
E. F. Hoffman, M.D., Acting  
Director

*Tuberculosis*  
Lynne E. Baker, M.D.

*Veneral Disease Control*  
W. T. Sowder, M.D.

*Malaria Control*  
John E. Elmendorf, Jr., M.D.

*Malaria Research*  
Tallahassee  
Mark F. Boyd, M.D.  
Rockefeller Foundation

*Entomologist*  
W. V. King, Ph.D.  
Orlando  
U. S. Bureau Entomology

Florida Health Notes, published monthly on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act. of Aug. 24, 1912.

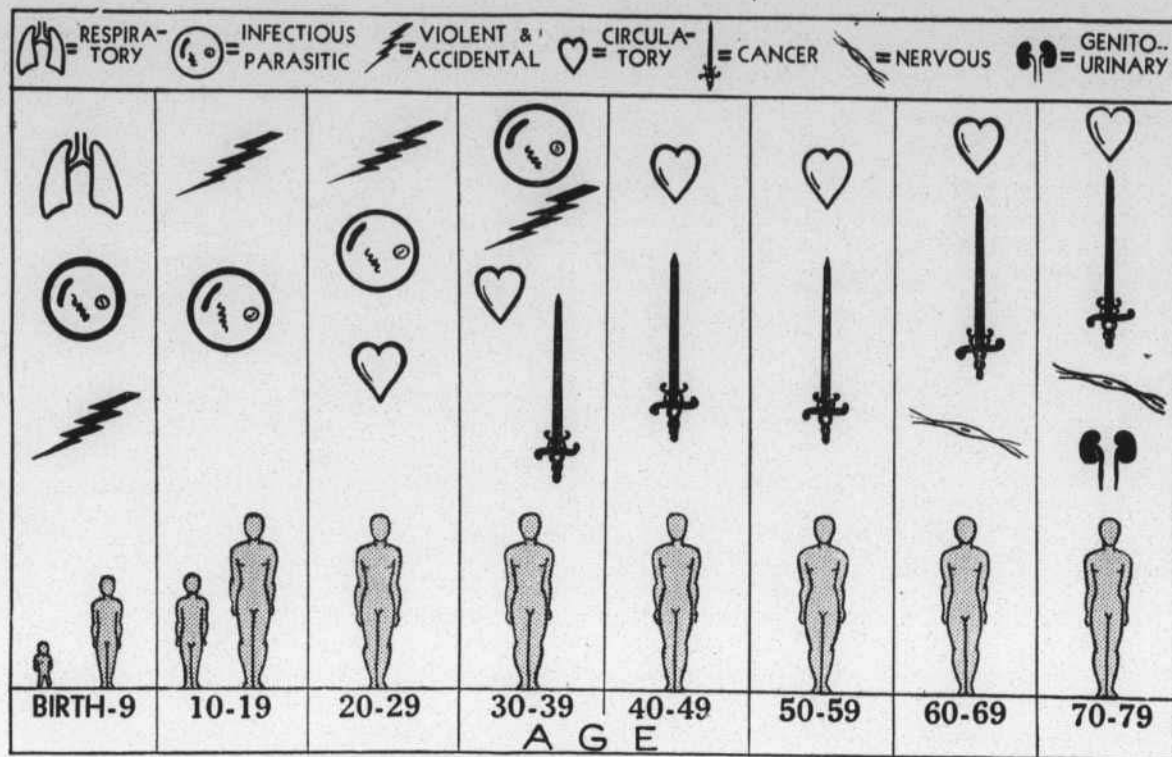


Against the two great allies of cancer—FEAR and DELAY,—the Women's Field Army of the American Society for the Control of Cancer wages constant fight. Throughout the year, and year after year, this group of public-spirited women carry on their educational campaign, urging upon the public an intelligent approach to the cancer problem.

The Women's Field Army fights FEAR by making it known that cancer can be cured, and urges all persons to have an annual physical examination. They fight DELAY by making it known that early diagnosis and treatment are more than half the battle against cancer, and urge all persons to seek competent medical advice upon the first suspicion or symptom of cancer.

Through informative leaflets, motion pictures, radio programs, magazine articles and news releases, the Women's Field Army has been instrumental in making the facts about cancer known to greater numbers of people each year. They have been instrumental in helping to dispel the myth of "sure-cure" cancer nostrums and in guiding the footsteps of hundreds of cancer victims away from the door of the advertising "quack." "*Fight Cancer with Knowledge*" has been their watchword, and by it the lives of countless people have been saved.

In recognition of this humane and intelligent service, the April issue of *Florida Health Notes* is dedicated to the Florida Division of the Women's Field Army.



**Chief causes of death at different ages, arranged in order of importance from top to bottom.**

★ **WHAT KILLS US.** This chart shows the greatest risks to human life at successive age periods from birth to eighty years. It is based on data collected by the United States Bureau of the Census. It shows the need for rigid public health control to stamp out infectious diseases during youth, to minimize the effects of accidents through safety campaigns, and to fight heart disease and cancer in the middle and later age groups.

## ★ CANCER PREVENTION ANNUAL PHYSICAL EXAMINATION

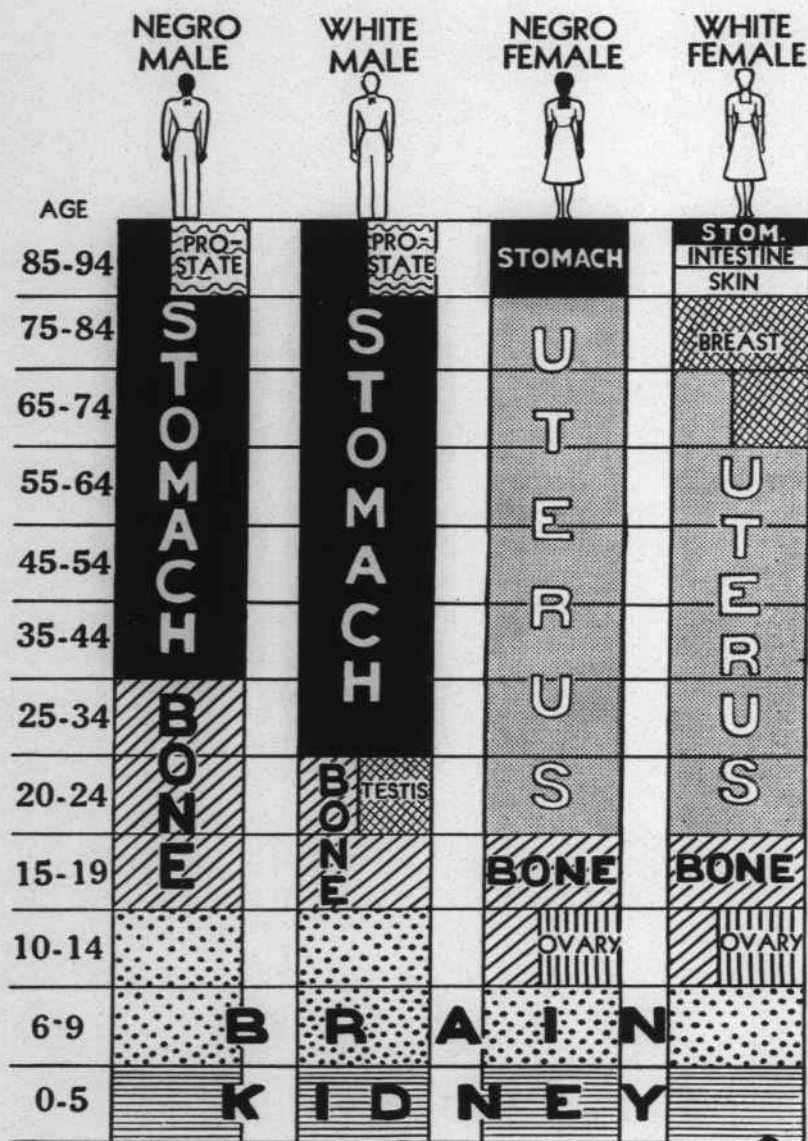
Self-examination and the reporting of signs and symptoms that may mean cancer are not alone sufficient to guarantee the safety of the public. The best possible advice is that everyone should have a regular annual physical examination, even in the absence of signs and symptoms.

The Women's Field Army, other voluntary health organizations, life insurance companies, state and local health departments, and countless other groups, have urged this for years. But because of the peculiar psychology of the American public, very few people follow this practice. Yet only through such a regular examination can cancer be detected in its earliest and most easily curable stage. Some types of cancer are difficult, if not impossible, to cure even if treatment is sought promptly when the first symptoms appear. One would think that, knowing this, there would be lines of people waiting outside hospitals, clinics, and doctors' offices for examination to protect themselves against this disease that often in its final stages is one of the most pitiful we know.

Since the American public reacts as it does to suggestions of an annual physical examination, the next best thing is to publicize the first signs of cancer that can be noticed. The average person never goes to a doctor until he is bothered by pain. In the case of cancer pain is generally a late symptom. It is dangerous to delay.

This might seem like strong talk. But those are the facts. It does no good to ignore them. Two-thirds of the 160,000 annual deaths from cancer are preventable. The annual physical examination is the most effective means of saving these hundred thousand lives because it leads to prompt diagnosis and effective treatment. It might also be pointed out that such an examination will reveal unsuspected cases of tuberculosis, heart disease, and other great killers at the same time.

When we consider that we are at war, and that the protection of manpower is vital to the successful conclusion of that war, it is not going too far to say that an annual physical examination is today a patriotic duty.



★ **WHERE CANCER HITS.** This chart shows where cancer *most commonly* occurs as a cause of death at successive ages from birth to old age in Negroes and whites. Note that through adolescence all four groups are similar, but that after that time somewhat characteristic differences occur, especially among women. Differences of this sort are interesting and important as possible departures for research against cancer. The data on which the chart is based are derived from the United States Bureau of the Census.

## DANGER SIGNALS THAT MAY MEAN CANCER

AND

SHOULD ALWAYS MEAN A VISIT TO A PHYSICIAN

- ★ Any persistent lump or thickening, especially of the breast.
- ★ Any irregular bleeding or discharge from any of the body openings.
- ★ Any sore that does not heal, particularly about the tongue, mouth or lips.
- ★ Persistent indigestion, especially when accompanied by distaste for meat.
- ★ Sudden changes in the form or rate of growth of a mole or wart.

PAIN IS A LATE SYMPTOM—DO NOT WAIT FOR IT

Early cancer is curable if treated by a qualified physician by X-ray, radium, or surgery. If you have suspicious symptoms, secure competent medical advice without delay.

## ★ CANCER ON THE INCREASE ?

How can it be claimed that progress has been made in the diagnosis and treatment of cancer in the United States when the number of deaths from cancer only a few years ago was stated to be 150,000 annually, and today the American Society for the Control of Cancer quotes it as 160,000?

There are a number of reasons for this apparent contradiction, that would stump even the experts on "Information Please," and strangely enough some of them are most gratifying. The fact is that not only is our total population increasing but the life span of the average citizen is increasing, thanks to advances in science and medicine. This means that each year a greater number of people reach the age groups in which cancer is most prevalent. Although cancer is found in all ages, the proportion is much greater among people over thirty-five.

In Florida cancer does not appear to be a leading cause of death until the age group 25-44 is reached. In this age group it holds fifth place; in the age group 45-64 it is third and in the age group 65 and over it is the fourth leading cause of death.

Florida statistics also show more deaths from cancer each year, as can be seen from a study of the table on the next page. Over a ten year period the death rates from cancer have jumped from 79 per 100,000 population in 1932 to 99 per 100,000 in 1941.

Not only is the increase due to the number of people reaching middle age but there is an actual increase in the number of cases which are reported, instead of being concealed. Because of improved methods of diagnosis, many deaths that hitherto would have been reported



as due to doubtful causes, or in general terms, are now ascribed to cancer. Furthermore, since cancer is now openly discussed by doctors and laymen alike, much of the stigma formerly attached to the disease has gone and there is less hesitation to report it as the cause of death.

Another explanation for this seemingly large increase in the number of deaths is the steadily increasing and improving facilities for hospitalization and pathological diagnosis, which makes it possible now to classify as cancer many conditions that were formerly not recognized as such.

**★ RESIDENT CANCER (ALL FORMS) DEATHS AND  
DEATH RATES PER 100,000 POPULATION  
FLORIDA, 1942 - 1941**

YEARS	DEATHS	RATES
1941	1,897	99.2
1940	1,743	91.2
1939	1,656	89.3
1938	1,483	82.6
1937	1,577	90.8
1936	1,419	84.5
1935	1,389	85.7
1934	1,276	80.5
1933	1,251	80.5
1932	1,219	79.8

## ★ MUST "RATION" NURSES, TOO

by RUTH E. METTINGER, R. N., *Director*  
*Bureau of Public Health Nursing*

Must we ration nurses as well as sugar, coffee, and gasoline?

The State Nursing Council for War Service feels that this is practically what it amounts to. *Priorities for Nurses*, newest publication of the Council explains in detail how such "rationing" will affect the general public.

"Of course we won't have to tear tickets out of our ration books in order to get a nurse to deal with Junior's croup or Grandma's broken hip; yet unless every citizen cooperates in placing the available nurses where they are most needed, the public will suffer and the war may actually be lengthened as a result. We do not have enough graduate nurses to go around, and voluntary nurse rationing, everyday commonsense cooperation, is the best answer."

It is clear to every American that the wounded soldier or sailor at the front must have the best of medical and nursing care, not only to bring him back safely to his loved ones, but also to get him in fighting trim again as soon as possible. Therefore, the Army and Navy must have as many nurses as they require.

It is not too generally understood that health on the home front is almost as vital a part of war strategy as the health of the military forces. An epidemic of common colds in a bomber plant can decrease production appreciably. The spread of more serious disease can be devastating.

Just as surely, a large total of miscellaneous illnesses and injuries can sap our national energy and lower national morale. With more and more physicians required on the fighting front, the home responsibilities of nurses toward the people's well-being grow constantly heavier. We must select wisely the nurses who are to go to war, and at the same time leave no vital battle station on the home front unmanned.

Our public health nurses are constantly being asked—"Why don't YOU go to war?" The general public does not understand

the great war service public health nurses are rendering right here at home, and such misunderstanding and such questions can make the public health nurse feel like a slacker.

Public health nurses require special talents and special training. With the great shortage in the public health field it is questionable whether or not any good public health nurse should be allowed to go into military service which consists almost exclusively of work in hospitals. Administrators, supervisors, and others who are essential to keeping our hospitals, schools of nursing, and health services in operation should serve on the civilian front.

Nurses for the armed forces should be drawn mainly from the private duty group, from those on hospital, health agency or industrial staffs not essential to maintaining minimum civilian health, from office nurses and those in non-nursing positions.

We must eliminate duplication of nursing services, luxury nursing, and induce able nurses who are retired or now doing other work to return to this highly essential war work "for the duration."

An equitable distribution of nursing service must disregard geographical barriers. Nursing resources of the entire nation must be pooled to win the war.

In Florida there is enormous concentration of military forces and an equally large concentration of war industry population. This increased population has added to the already over-heavy load of the public health nurses on duty in the state. Many hitherto strictly rural areas with small population have now become centers of war industry or military concentration. The public health problems created by this swift change, and the way in which they can be met, have a direct bearing on the war effort.

Public health nurses are indispensable in such a situation and any who serve thus are doing their part toward winning the war just as surely as though they served on the more obvious battle front. The courage required is as great. In fact, it sometimes takes a greater courage and loyalty to give service where there is no fanfare. The uniform of the public health nurse is in itself a badge of courage, and whoever sees this uniform may confidently salute the wearer as one who serves her country with diligence and with skill.

## MATERNITY SUMMER SESSION

UNIVERSITY OF NORTH CAROLINA

CHAPEL HILL, NORTH CAROLINA

Public Health Nurses are concerned with the preservation of life. While the destruction of life is widespread at the present, constructive measures demand sharp attention. The starting point of an adequate public health nursing program is maternity. With the rising birthrate maternity services will increase.

For preparation in maternity, graduate nurses are invited to attend the Summer Session at the University of North Carolina. "The Public Health Nurse in a Maternal Health Program" will be offered to Public Health Nurses during the first Summer Session at the University of North Carolina at Chapel Hill, June 7 to 27, 1943. The Department of Public Health Nursing, through the School of Public Health, will direct the activities. Miss Louise Zetzsche, Supervisor of Maternal and Infant Welfare, Denver Visiting Nurse Association, Denver, Colorado, will be guest instructor. Four and one-half quarter hours of credit will be awarded upon completion of the course. For further information, write to Miss Margaret Blee, Assistant Professor of Public Health Nursing, Department of Public Health Nursing, School of Public Health, University of North Carolina, Chapel Hill, North Carolina.

- ★ There were 11,751 more marriages performed in Florida in 1942 than in 1941. The figures are 48,528 in 1942, 36,777 in 1941, which was the highest figure up to that time.

12,559 divorces were granted in 1942, against 11,849 in 1941. The number of divorces granted each year has shown a steady rise, especially since 1935 when the present liberal divorce law was enacted, in which year 5,167 divorces were granted, increasing to 7,002 in 1936, the first full year under the new law.

The following tables show the number of marriages and divorces by years for the ten years 1933 to 1942, inclusive, and marriages, divorces and annulments, by counties, in 1942.

★ MARIAGES PERFORMED, DIVORCES AND ANNULMENTS  
GRANTED, FLORIDA, 1933 - 1942

YEARS	MARRIAGES	DIVORCES	ANNULMENTS
1942	48,528	12,559	152
1941	36,777	11,849	123
1940	32,709	11,061	125
1939	27,866	9,630	87
1938	25,398	8,374	77
1937	25,660	7,852	68
1936	24,211	7,002	56
1935	21,670	5,167	47
1934	22,751	4,842	46
1933	18,205	3,532	23

★ MARRIAGES PERFORMED, DIVORCES AND ANNULMENTS  
GRANTED, BY COUNTIES, FLORIDA, 1942

Counties	Marriages	Divorces	Annulments
State.....	48,528	12,559	152
Alachua.....	705	150	1
Baker.....	1,445	72	0
Bay.....	895	87	0
Bradford.....	710	493	0
Brevard.....	326	242	1
Broward.....	2,466	173	1
Calhoun.....	163	52	0
Charlotte.....	205	30	0
Citrus.....	166	26	0
Clay.....	577	14	0
Collier.....	295	5	0
Columbia.....	330	55	1
Dade.....	5,393	2,967	46
DeSoto.....	198	26	0
Dixie.....	107	51	0
Duval.....	5,363	1,717	26
Escambia.....	2,544	583	5
Flagler.....	267	26	2
Franklin.....	158	10	1
Gadsden.....	300	28	0
Gilchrist.....	156	1	0
Glades.....	173	8	0
Gulf.....	149	23	0
Hamilton.....	257	27	0
Hardee.....	277	88	5
Hendry.....	109	18	0
Hernando.....	241	15	1
Highlands.....	549	191	2
Hillsboro.....	4,902	1,160	12
Holmes.....	307	13	0
Indian River.....	230	22	0
Jackson.....	504	86	0
Jefferson.....	197	10	0
Lafayette.....	86	8	0



★ MARRIAGES PERFORMED, DIVORCES AND ANNULMENTS  
GRANTED, BY COUNTIES, FLORIDA, 1942

(Continued)

Counties	Marriages	Divorces	Annulments
Lake.....	331	87	1
Lee.....	590	100	0
Leon.....	932	184	5
Levy.....	238	24	2
Liberty.....	72	10	0
Madison.....	211	35	0
Manatee.....	432	102	0
Marion.....	478	125	1
Martin.....	232	37	1
Monroe.....	712	257	1
Nassau.....	309	22	1
Okaloosa.....	601	99	0
Okeechobee.....	158	12	0
Orange.....	1,539	133	3
Osceola.....	393	51	0
Palm Beach.....	1,773	448	4
Pasco.....	463	69	0
Pinellas.....	1,707	509	7
Polk.....	1,404	584	11
Putnam.....	398	84	0
St. Johns.....	666	149	2
St. Lucie.....	267	80	0
Santa Rosa.....	690	65	2
Sarasota.....	548	130	2
Seminole.....	601	170	0
Sumter.....	195	115	0
Suwannee.....	270	45	0
Taylor.....	179	24	0
Union.....	194	16	1
Volusia.....	572	249	1
Wakulla.....	126	11	1
Walton.....	224	36	0
Washington.....	273	20	0

EDWARD M. L'ENGLE, M.D., Director

## ★ HOW MAY CANCER BE CONTROLLED?

**FIRST**, by a prompt visit to a physician when suspicious signs or symptoms appear. Intelligent alertness by the individual may well save his life.

**SECOND**, by each person having a complete, annual physical examination.

**THIRD**, by physicians being aware of the possibility of cancer in abnormal conditions found at the time of periodic examinations.

**FOURTH**, by cooperation between physician and patient in carrying out diagnostic and treatment procedures.

**FIFTH**, by a widespread knowledge, both lay and professional, of the character of cancer, its causes, methods of spreading, the value of early diagnosis and adequate treatment, and means of prevention.



# *Florida* **HEALTH NOTES**

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • MAY, 1943 • VOL. 35 • No. 5

# Florida HEALTH NOTES

ESTABLISHED 1912

Hon. Spessard L. Holland  
Governor of Florida

## BOARD MEMBERS

Herbert L. Bryans, M.D., President.....Pensacola  
William Parr, Ph. G.....Tampa  
Robert B. McIver, M.D.....Jacksonville

Henry Hanson, M. D.....State Health Officer

## ACCREDITED HEALTH UNITS

**STATE  
BUREAUS—DIVISIONS  
JACKSONVILLE**

*Accounting*  
G. Wilson Baltzell

*Dental Health*  
Lloyd N. Harlow, D.D.S.

*Local Health Service*  
A. W. Newitt, M.D.

*Narcotics*  
M. H. Doss

*Engineering*  
John B. Miller, Acting Director

*Health Education*  
Elizabeth Fretwell

*Laboratories*  
Pearl Griffith, Acting Director

*Maternal & Child Health*

County	Town
Baker .....	Macclenny
Bay .....	Panama City
Bradford .....	Starke
Broward .....	Ft. Lauderdale
Clay.....	Green Cove Springs
Dade .....	Miami
Duval .....	Jacksonville
Escambia .....	Pensacola
Franklin .....	Apalachicola
Gadsden .....	Quincy
Glades .....	Moore Haven
Gulf .....	Port St. Joe
Highlands .....	Sebring
Hillsborough .....	Tampa
Jackson .....	Marianna
Jefferson .....	Monticello
Lake .....	Tavares
Leon .....	Tallahassee
Levy .....	Bronson
Madison .....	Madison
Monroe .....	Key West
Nassau .....	Fernandina
Okaloosa .....	Crestview
Orange .....	Orlando
Pinellas .....	Clearwater
Polk .....	Bartow
Santa Rosa .....	Milton
Seminole .....	Sanford
Taylor .....	Perry
Volusia .....	DeLand
Wakulla .....	Crawfordville
Walton .....	DeFuniak
Washington .....	Chipley

**STATE  
BUREAUS—DIVISIONS  
JACKSONVILLE**

*Public Health Nursing*  
Ruth E. Mettinger, R.N.

*Vital Statistics*  
Edward M. L'Engle, M.D.

*Epidemiology*  
E. F. Hoffman, M.D., Acting  
Director

*Tuberculosis*  
Lynne E. Baker, M.D.

*Venereal Disease Control*  
W. T. Sowder, M.D.

*Malaria Control*  
John E. Elmendorf, Jr., M.D.

*Malaria Research*  
Tallahassee  
Mark F. Boyd, M.D.  
Rockefeller Foundation

*Entomologist*  
W. V. King, Ph.D.  
Orlando  
U. S. Bureau Entomology

Florida Health Notes, published monthly on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act. of Aug. 24, 1912.

## ★ ARE WE MOBILIZED FOR CIVILIAN FITNESS ?

by **ELSIE D. WITHEY**, *Health Education Consultant*  
*Bureau of Health Education*

- WHAT?**     **A More Urgent "Must":** Speedier and better directed **action** for civilian health and physical fitness.
- WHEN?**     **Now**, and continuously.
- WHY?**     Rapidly dwindling civilian medical services.  
 Wartime living conditions increasingly hazardous.  
 More and **more** energy, time, effort, and sacrifice needed from **all** civilians for **all** home-front war services.
- WHERE?**    In **every** county, city, hamlet, and home in Florida.
- WHO?**     Every man, woman, and child: all adults and pre-school children in the home; all children and youths through both the home and the schools.  
 Through **County Defense Council Physical Fitness and Recreation Committees**; through all other local official and non-official agencies and organizations.  
**Everybody!**
- HOW?**     By assisting **every person** to recognize and act upon his **own personal responsibilities** for participating in **Florida's Health and Physical Fitness Program**, the eight component parts of which are outlined briefly in a companion article on page 86. This program is more fully described in the "Physical Fitness Guide", published jointly in May, 1942, by the State Department of Education and the State Board of Health. Additional assistance is offered to schools, whether their fitness programs are organized or not under the Victory Corps, in:

"Physical Fitness Through Physical Education", Pamphlet No. 2 of the Victory Corps Series, available through the Superintendent of Documents, Washington, D. C. for \$.25 cents;

"Physical Fitness Through Health Education", to be available from the Superintendent of Documents in printed form in the near future; a mimeographed summary of this recommended program is now available free of charge through either the Bureau of Health Education of the State Board of Health or through the State Department of Education.



## COUNTY ORGANIZATION FOR HEALTH AND FITNESS

(As recommended in the *"Physical Fitness Guide"*)

Each county should have a **Physical Fitness Advisory Committee** organized under the **Division of Home and Community Services of the County Defense Council**. The committee should be composed of representatives of organizations and public agencies which devote special emphasis to any of the eight phases of the health and fitness program, as well as individuals who are best fitted for this type of service. Examples of local groups which should be represented are: county public health agencies, county medical, nursing, and dental associations, county welfare agencies, county public health committee, recreation departments, public schools, parent-teachers association, tuberculosis and health association, civic groups, Boy and Girl Scouts, Y. M. and Y. W. C. A. and others.

The Physical Fitness Committee of the Division of Home and Community Services should also include the present school physical fitness committees organized under the **Division of Information, Education, and Morale** of the local defense councils, and the **Recreation Committee** of the Division of Home and Community Services. A representative of the **Nutrition Committee** of the Division of Home and Community Services should also serve on the County Physical Fitness Advisory Committee. Since all of these groups are organized to do similar or related work the coordination of their efforts should be aided.

The best qualified person or persons should be selected to direct the program. It may be some person whose regular work is related to one or several phases of the program, or it may be a well-known lay leader who can best serve to promote the program but who has, on his committee, trained members to whom he can turn for technical advice. Local Physical Fitness Committees should be composed of the persons best trained and most active in any of the several phases of the program.

Stimulating participation is the most difficult and needed work of the Physical Fitness Committee. Newspapers, radios, speakers, films, and other types of publicity will be helpful. Posters, campaigns, and slogans may catch the interest of the people. All efforts should be made to follow-up promotional work so that definite action results on the part of as large a number of persons as possible.

It is not expected that all phases of the health and physical fitness program as described in the companion arti-



cle should be carried on by the Physical Fitness Committee. In fact, this committee should exercise great care not to interfere with programs already in operation. Agencies are now working on practically every one of the eight points involved in the program. The work of the committee should be to assist in securing needed services, to encourage all individuals to take advantage of services available, to give public support to needed measures, to promoting the widespread observation of sound health practices among the people, and to build toward the mental and emotional preparedness necessary to enable total fitness to function effectively.

The Physical Fitness Committee will have the difficult but challenging assignment of coordinating, promoting, filling in gaps, and otherwise exercising its ingenuity in getting all citizens, either as individuals or in organized groups to do something about each of the points involved in the program. An advisory committee representing all groups and agencies as recommended will serve to eliminate duplication and promote co-operation. All assistance possible will be given by the state and national offices. State directors who can assist are:

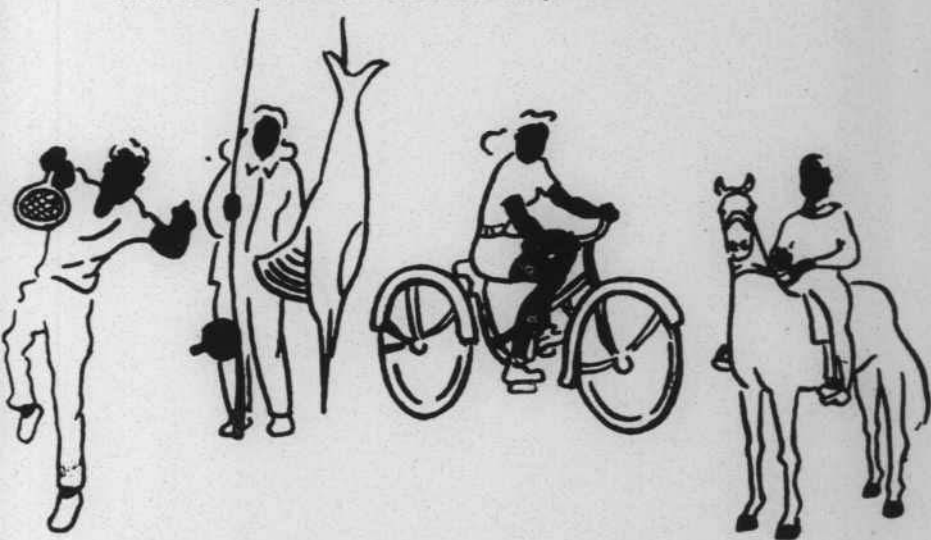
*Division of Home and Community Services:* Anne Carson Dunaway,  
Chairman, Miami

*Director of Physical Fitness:* Walter J. Matherly, Gainesville

*Division of Information, Education, and Morale:* John Kilgore,  
Chairman, Tallahassee

*State Department of Education:* Health and Physical Education  
Consultant

*State Board of Health:* All Bureaus and personnel



## FLORIDA'S EIGHT POINT PROGRAM FOR HEALTH AND PHYSICAL FITNESS

To make Florida's population healthy and physically fit—a strong, vigorous people with the efficiency, skill and spirit to endure a long, hard war and the difficult readjustments to follow—the State Defense Council with the cooperation of the State Department of Education and the State Board of Health has adopted a definite and carefully planned program. The program consists of the following eight points concerning which every man, woman, and child in Florida should take immediate action if they have not already done so:

- ★ **HAVE A COMPLETE HEALTH EXAMINATION:** Do all adults as well as children receive periodic physical check-ups? The first step for men entering Service should be the first step for civilians on the home front. Health examinations should be as thorough as those made by the Army and Navy and should reveal all health defects.
  
- ★★ **HAVE YOUR DEFECTS CORRECTED:** Examinations are worthless unless the findings lead to action. Many persons know, even before examination, of dental, visual, nutritional, postural, and other defects which can be and need to be corrected. Most adults are able to pay for their own and their family's corrections. Pooled resources of local organizations may help those unable to pay. Be sure corrections are secured for those of draft or near-draft age, then for boys and girls of school and pre-school age, then for all adults.
  
- ★★★ **PREVENT AND CONTROL COMMUNICABLE DISEASES:** Have all adults been immunized against small-pox and typhoid fever? All children immunized against small-pox, typhoid fever, and diphtheria? How well do all persons observe the everyday living practices which build strong resistance and prevent the spread of disease? What environmental factors may be promoting the spread of communicable disease?
  
- ★★★★ **REGULATE YOUR SANITARY SURROUNDINGS:** Are the water and milk you drink safe? When and how have they been tested? Is the sewage disposal adequate and safe? Which outdoor toilets or rural wells may be breeding disease? Is all food carefully inspected, prepared, and handled? Are eating and drinking utensils sanitary? Are there insect and rat control programs? Are housing conditions healthful? Swimming pools and bathing places safe and clean? Is garbage disposal sanitary?
  
- ★★★★★ **EAT THE RIGHT KINDS AND AMOUNTS OF FOOD:** "Not knowing better" is no longer any excuse. Nutrition education is easily within the reach of all. To what extent do all persons receive this benefit? To what extent are we practicing sound nutrition? Are nutritional deficiencies being remedied?

\*\*\*\*\* **BENEFIT FROM PHYSICAL ACTIVITY:** How many adults as well as children participate daily in some form of recreation which takes them out-of-doors as much as possible and which provides vigorous bodily activity? Explore and use the recreational facilities and programs offered. Develop more of these if they are not adequate. Walk, swim, garden, bicycle, or find individual exercises suited to your own needs. Engage in them regularly. Support and promote the school physical fitness programs, where physical education is being offered with needed adjustments for all pupils every day.

\*\*\*\*\* **BECOME SELF-DIRECTING IN HEALTH PRACTICES THROUGH HEALTH INSTRUCTION:** The purpose of learning about home nursing, first aid, nutrition, disease prevention, home and community sanitation, dental care, building bodily resistance, and the rest, is so that we *do* something about it—do the right things at the right times without having to be prodded. Many more opportunities for adult health instruction are being provided. More, still, should be provided. Are schools offering at least the amounts and kinds of health instruction recommended by the State Department of Education and adjusted to local needs?

\*\*\*\*\* **MAINTAIN MENTAL AND EMOTIONAL PREPAREDNESS:** A strong body is of little value unless it is mentally and emotionally stable. Have you "conditioned" your emotions for the strains of the war situation? Are you "on the alert" for placing war aims *first*? Are you "able to take it" when personal sacrifice is needed? Are you well-controlled when events occur which might prompt extremes of optimism or despair? Are you directing your living for maximum output? Do you avoid over-excitement, over-fatigue, and useless worry? Are you "living most to serve best?"

## A LETTER FROM A PATIENT IN ONE OF THE QUARANTINE HOSPITALS

The following letter was written by a patient arriving at one of the Quarantine Hospitals soon after its opening, to the matron at the jail from which she came. It is believed that the letter describes these institutions better than any of the administrative staff could do. The letter also gives an insight into the type of girls that are received and shows that there is a real need for a non-penal institution of this kind.

Letters are submitted to the head matron for perusal in exchange for furnishing of free stamps. The names of the writer and her correspondent have been changed purposely, and some of the other names changed for obvious reasons. This letter is fairly typical of many letters that go out of the Quarantine Hospitals daily.

March 23, 1943

*Dear Mrs. Smith,*

*Will drop you a few lines for jitterbug. Our hearts are broken over having to leave you. As you no we loved you very much. We are going to miss you very much. But you would be surprised. As it is a very nice place. Plenty of fresh air. There are only six girls here, upon our arrival. Our 13 makes 19 in all. There are no colored here. The other girls are from in the vicinity of Tallahassee.*

*The food here is very nice. We were jed upon arrival here after a refreshing shower. For our meal we had fresh meat, dressing, two vegetables, vegetable ruit salad, fruit pudding for dessert, corn bread, white and whole wheat bread, with butter.\* Served on the table as would be at home. It was delicious. We have breakfast at 7:30 a.m., lunch at 12:00, dinner at 5:30 p.m. We get up at 6:30 a.m., but we are not allowed any company at all. We can write all the letters we wish to. Our stamps are free, all we have to buy is our stationery. So that is quite a convience. We will be assigned differnt kinds of work. Which ever the Dr. sees fit. The Dr.'s name is Dr. Murphy. We have a lady Dr. Three matrons as yet. Mrs. Whitehead is the head matron, she seems to be a lovely person. Matron over our quarters is Mrs. Dutton. She seems very nice also. She has pretty white hair like yours.*

*Now we are not locked up. There is a jence some 3 ft high. No gate at all. Had you ever thought about it Mrs. Smith, they picked all of your trustees & turnkeys. Except two or three them were not. Which was Cora & Matty, Amy. We also have a canteen here. They sell everything from powder down too cold drinks. We all go to see the Dr. to-morrow. They have already worked on Berty's head. With Cuprx. They also dressed Carries foot.*

---

\*Editor's Note: Menus in the future might not be the same due to food rationing, but the meals will be adequate and appetizing.

*Mrs. Smith please send our mail on to us as soon as possible. Please tell Welfare women to send Jitterbug the things she was supposed to get on Main St. and also the shoes were left at the shoe store, left there Feb. 18th on Thur. Morning. Please don't let any of her people no where she is as she is going to write that she is in the hospital. The Matron said it would be okay. As you no I can never let her no I was in Jail. Or Mrs. Smith if you have the time you can send the things and money yourself. Thanks again for the shoes you gave me. The other one of my shoes with the heal off is upstairs. Bess has the one with it on. I can have the heals put on here. Please don't forget my little horses. Hoping I won't have to stay long. So I can get to my sisters. Tell Tubby, Cis, or Addie, Louellen, Clem, all to write. I am sending Tubby a stamped envelope. But don't tell the other girls. Envelope from Jitterbug.*

*The girls are all out playing base ball. We have all privileges.*

*By the way Mrs. Smith one of the Public Health Service doctors that was out to see us. Just dropped in and ask how we liked our new place. He hoped we like it very much. Mrs. Smith if anyone asks about me just tell them I am Okay. Jitterbug said, "tell anyone the same thing.*

*Oh yes if Jinks gets any mail send it here. Jinks said, "hellow she wishes you were with us. Jinks and I sleep next door to each other. We have lockers write by our beds.*

*We sleep in long baraks just like the army.*

*Jinks says, "She isn't feeling so good. She still has a headache."*

*Well Mrs. Smith this is about all of the news. So guess I will close for this time. So please write us soon. Send us all the news. Tell Happy hello for me too. We send all of our love. To you and all of the girls*

*Carlotta & Jitterbug.*



## ★ CONFERENCES ON VENEREAL DISEASE CONTROL

by W. T. SOWDER, *Passed Assistant Surgeon, U.S.P.H.S.*  
*Director, Division of Venereal Disease Control*

Due to the increase in the number of military and naval establishments in Florida and the interest of the commanding officers and medical officers of these establishments in the venereal disease control program and the increasing difficulties of having representatives of the State Board of Health visit so many establishments, it was decided several months ago to have periodic conferences for the purpose of discussing matters of common interest.

Two such conferences have already been held in Jacksonville; one on January 12 and the other on April 13. These have proved to be a great success. They have been attended by medical officers of the Army, Navy, U. S. Public Health Service, city and county health officers throughout the State, and by representatives of the American Social Hygiene Association and the Social Protection section of the Federal Security Agency.

At the April session papers were presented on venereal disease control by — Captain G. W. Larimore, V. D. Control Officer at Maxwell Field; Mr. Walter Argow, State Representative of the Division of Social Protection; Mr. R. D. Shannon, Public Health Representative; Dr. A. J. DeSautels, V. D. Control Officer, Escambia County Health Department; Lt. Fred A. Turner, V. D. Control Officer, 7th Naval District, Miami. Also, Dr. Hanson, State Health Officer, gave an interesting talk on "Tropical Medicine."

Many other matters of common interest were discussed; one being the question as to the responsibility for the enforcement of laws and ordinances designed to repress prostitution. The following resolution was adopted without a dissenting vote:

"Resolved that the responsibility for the enforcement of laws designed to suppress prostitution belongs to law enforcement officials. Health officers, (local, state and federal), Army and Navy officials, the Social Protection section of the Federal Security Agency, the American Social Hygiene Association, and other agencies should stimulate, encourage, cooperate in and assist in such enforcements."

The Conference also wired the Chairman of the Senate and House Committees on Public Health of the Florida Legislature their endorsement of the proposed bills designed to suppress prostitution and to further aid the Venereal Disease Control Program, which had been prepared by Governor Holland's Committee.

The success of these conferences has been such that the example of Florida is being followed by other southeastern states. Another meeting is being planned in Jacksonville in July and at quarterly intervals thereafter.



# ★ RECOMMENDED EMERGENCY IMMUNIZATION AND HOOKWORM TREATMENT PROGRAM

By E. F. HOFFMAN, M. D., *Acting Director*  
*Bureau of Epidemiology*

Since the institution of the civilian defense program, efforts have been made by the Bureau of Epidemiology of the Florida State Board of Health, in conjunction with the other bureaus and local health departments, to initiate and conduct a more intensive emergency immunization program as an aid to civilian defense.

Due to the shortage of trained public health personnel, it is becoming more and more difficult to provide the necessary personnel to conduct an effective immunization program. It has become necessary to call upon the already hard-worked practicing physician to assist with this important problem of communicable disease control. Now more than ever before, in the face of war emergencies, is the prompt reporting of communicable diseases, prompt isolation and quarantine of cases and exposed persons and the complete protection of the masses by immunization against diphtheria, typhoid fever, and vaccination against smallpox of strategic importance.

## DIPHTHERIA

The number of diphtheria cases and deaths reported each year in Florida indicates that the job of protecting our children from diphtheria is far from complete. Authorities tell us that if 80% of our school children and 50 to 65% of preschool children are immunized against diphtheria, this disease will not occur.

## SMALLPOX

The absence of smallpox vaccination scars in a large number of our preschool, school and adult population constitutes a potential danger of a smallpox epidemic at any time.

## TYPHOID

The endemic incidence of typhoid in the state, indicating a typhoid residual due mostly to the presence of numerous undiscovered typhoid carriers, likewise is a dangerous source of infection for the initiation of a widespread epidemic of this disease in the event of a disaster, such as would be occasioned by invasion.

## HOOKWORM

Successive state-wide hookworm surveys, over a period of 20 years, show that the incidence of hookworm infestation has not decreased and even indicate an increased incidence. The surveys show that 40 to 50% of the 401,307 school population in the state are infested with hookworm. Hookworm disease is sapping the vitality of our children, causing their physical and mental retardation and resulting in a definite sabotage of potential manpower of the state and nation.

To eliminate such disease hazards and to safeguard and conserve human mass energy, it is apparent that medical service must be rationed like other commodities so essential to defense.

Every person should take stock of his health status and parents should bring their entire family's immunization protective status up-to-date. Wherever the economic status of the adult or parent of infants and preschool children is adequate, this service should be obtained from the family physician. However, a continuous year around program of immunization and hookworm treatment service should be provided each locality throughout the state in organized and unorganized counties. This service should be available to anyone, so that no one need go unprotected from smallpox, diphtheria and typhoid, or untreated for hookworm, because of lack of funds.

Year around immunization and hookworm treatment service should be provided on the basis of a minimum of one hour of service per week annually for every 500 school children, or every 5,000 of general population. Whenever possible, local medical assistance should be obtained. The service should be sponsored by some local organization such as the P.T.A., Defense Council, or other interested groups. When such a service is newly established, this group, in connection with the school, should be encouraged to make a community survey to determine the actual number of immunization and hookworm treatments needed.

Adequate quarters should be provided for the service. The clinic should be staffed by the rotating services of available local doctors, local registered nurses, and a clerk wherever the local health department personnel is insufficient for conducting the service. School children should be prepared to understand and evaluate the services by the teacher, who selects one or two children with the greatest need each week, until the entire class is protected. Parents should be encouraged to attend the clinics with the children and to bring their own immunization up to date.

The service should be financed, wherever possible, by a local contribution, matched by funds from the State Board of Health. A definite fund for this service should be provided as part of the annual budget of each local health department. It is felt that by such an all year around service, accompanied by an educational program, a greater percentage of the population will become immunized and will continue to maintain their immunity. It is also felt that by continuous treatment the mental and physical retardation, (stunting of growth) now so prevalent among infested school children, will be markedly decreased. It is being planned that the hookworm treatment program will be followed as soon as re-establishment of the sanitation personnel becomes possible, by a more adequate and intensive sanitation program for the establishment of better sanitation facilities and the removal of the source of re-infestation in infested soil.

This program is not a substitute for already established services in organized county health departments, or other immunization and hookworm treatment services offered in unorganized counties, but is a basis for increasing the effectiveness and extent of these services.

Wherever medical personnel is available, it is further recommended that interested civic groups in the cities and counties through the state assist by sponsoring the conduction of mass immunization programs in conjunction with the local health department services, and with the advisory assistance of the State Board of Health personnel.

In areas where immunization and hookworm treatment services have lagged, these initial mass programs may well be provided to initiate the establishment of the recommended continuous year around services. These recommendations, we feel, are in line with the physical fitness program sponsored by the Office of Civilian Defense.

**RECORDED DEATHS AND DEATH RATES PER 1,000 POPULATION  
BY COLOR, BY COUNTIES, FLORIDA, 1942**

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
STATE	22334	11.7	15067	10.8	7267	14.0
Alachua	474	12.2	219	9.6	255	16.0
Baker	36	5.5	22	4.4	14	9.3
Bay	238	11.4	162	9.8	76	17.8
Bradford	105	12.0	63	9.7	42	18.9
Brevard	203	12.5	131	12.0	72	13.6
Broward	456	11.2	301	11.4	155	10.9
Calhoun	51	6.2	42	6.0	9	7.2
Charlotte	33	9.0	24	8.0	9	13.4
Citrus	62	10.6	33	7.9	29	17.1
Clay	160	24.7	125	26.4	35	20.2
Collier	28	5.5	12	3.6	16	8.8
Columbia	267	15.8	135	13.0	132	20.2
Dade	2802	10.3	2237	10.1	565	11.2
DeSoto	102	13.1	72	11.6	30	18.8
Dixie	75	10.6	41	10.3	34	11.0
Duval	2673	12.6	1529	10.7	1144	16.6
Escambia	952	12.6	633	11.0	319	17.9
Flagler	24	8.0	11	6.6	13	9.7
Franklin	48	8.0	29	7.3	19	9.5
Gadsden (Ex.)	305	11.3	103	9.3	202	12.7
State Hos.	351	78.0	210	73.2	141	86.4
Gilchrist	25	5.9	20	5.5	5	7.9
Glades	16	5.8	6	3.6	10	9.3
Gulf	51	7.1	30	6.4	21	8.6
Hamilton	79	8.1	31	5.5	48	11.6
Hardee	85	8.4	72	7.6	13	17.9
Hendry	52	9.8	20	5.9	32	16.8
Hernando	69	12.2	50	12.3	19	11.9
Highlands	119	12.9	83	11.4	36	18.5
Hillsboro	2062	11.4	1578	10.6	484	15.3
Holmes	76	4.9	68	4.6	8	10.4

**RECORDED DEATHS AND DEATH RATES PER 1,000 POPULATION  
BY COLOR, BY COUNTIES, FLORIDA, 1942**  
(Continued)

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
Indian River	86	9.6	59	9.4	27	10.1
Jackson	279	8.1	143	6.5	136	11.0
Jefferson	156	13.0	40	9.9	116	14.5
Lafayette	21	4.8	20	5.0	1	2.3
Lake	308	11.3	205	10.4	103	13.5
Lee	253	14.4	170	12.5	83	20.8
Leon	344	10.8	128	8.1	216	13.4
Levy	117	9.3	45	5.8	72	14.9
Liberty	26	6.9	13	4.6	13	14.1
Madison	158	9.8	71	8.4	87	11.3
Manatee	273	10.4	195	10.1	78	11.3
Marion	347	11.1	151	8.5	196	14.4
Martin	74	11.7	46	11.3	28	12.3
Monroe	227	16.1	174	15.1	53	20.6
Nassau	97	8.9	50	6.9	47	12.9
Okaloosa	147	11.3	120	10.2	27	23.1
Okeechobee	14	4.7	10	4.1	4	7.2
Orange	955	13.5	706	13.2	249	14.6
Osceola	158	15.6	133	16.5	25	12.1
Palm Beach	939	11.5	598	11.4	341	11.8
Pasco	150	10.6	123	10.4	27	11.8
Pinellas	1662	17.8	1467	19.1	195	11.9
Polk	844	9.7	616	9.0	228	12.3
Putnam	233	12.4	127	11.7	106	13.4
St. Johns	275	13.7	170	13.1	105	14.7
St. Lucie	138	11.5	84	10.6	54	13.1
Santa Rosa	121	7.5	92	6.5	29	14.9
Sarasota	261	16.1	198	15.7	63	17.6
Seminole	216	9.7	99	8.6	117	10.9
Sumter	123	11.1	72	9.0	51	16.5
Suwannee	151	8.8	77	6.6	74	13.5
Taylor	89	7.7	54	6.8	35	9.5
Union	71	10.0	44	8.7	27	13.1
Volusia	696	12.9	494	12.6	202	13.7
Wakulla	25	4.6	15	4.1	10	5.4
Walton	108	7.6	85	6.9	23	11.6
Washington	113	9.2	81	8.1	32	14.1

EDWARD M. L'ENGLE, M.D., *Director*

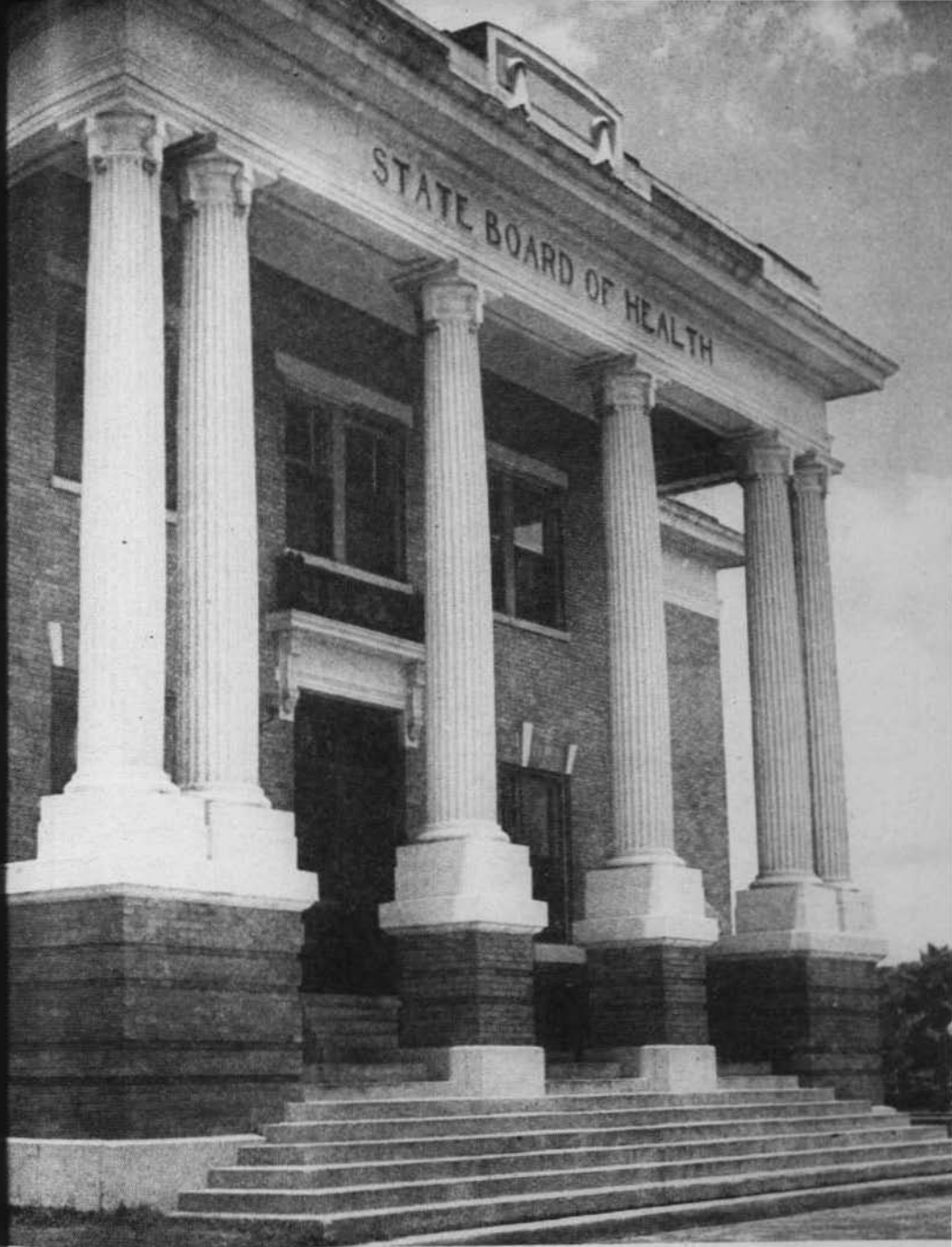
**RECORDED DEATHS AND DEATH RATES PER 1,000 POPULATION  
BY COLOR, FLORIDA, 1933 - 1942**

YEARS	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
1942	22,334	11.7	15,067	10.8	7,267	14.0
1941	23,125	12.1	15,485	11.1	7,640	14.8
1940	22,926	12.0	15,208	10.9	7,718	14.9
1939	21,295	11.5	14,064	10.5	7,231	14.2
1938	21,023	11.7	13,443	10.4	7,580	15.2
1937	20,958	12.1	13,435	10.8	7,523	15.4
1936	20,948	12.5	13,605	11.3	7,343	15.3
1935	20,047	12.4	12,962	11.3	7,085	15.1
1934	20,357	12.8	12,733	11.3	7,624	16.5
1933	18,764	12.1	11,561	10.5	7,203	16.0

BUREAU OF VITAL STATISTICS

EDWARD M. L'ENGLE, M.D., *Director*





# *Florida* **HEALTH NOTES**

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • JUNE, 1943 • VOL. 35 • No. 6

# Florida HEALTH NOTES

ESTABLISHED 1899

Hon. Spessard L. Holland  
Governor of Florida

## BOARD MEMBERS

Herbert L. Bryans, M.D., President.....Pensacola  
William Parr, Ph. G.....Tampa  
Robert B. McIver, M.D.....Jacksonville

Henry Hanson, M. D.....State Health Officer

## ACCREDITED HEALTH UNITS

### STATE BUREAUS—DIVISIONS JACKSONVILLE

*Accounting*  
G. Wilson Baltzell  
*Dental Health*  
Lloyd N. Harlow, D.D.S.  
*Local Health Service*  
*Narcotics*  
M. H. Doss  
*Engineering*  
John B. Miller, Acting Director  
*Health Education*  
Elizabeth Fretwell  
*Laboratories*  
Pearl Griffith, Acting Director  
*Maternal & Child Health*

County	Town
Baker .....	Macclenny
Bay .....	Panama City
Bradford .....	Starke
Broward .....	Ft. Lauderdale
Clay.....	Green Cove Springs
Dade .....	Miami
Duval .....	Jacksonville
Escambia .....	Pensacola
Franklin .....	Apalachicola
Gadsden .....	Quincy
Glades .....	Moore Haven
Gulf .....	Port St. Joe
Highlands .....	Sebring
Hillsborough .....	Tampa
Jackson .....	Marianna
Jefferson .....	Monticello
Lake .....	Tavares
Leon .....	Tallahassee
Levy .....	Bronson
Madison .....	Madison
Monroe .....	Key West
Nassau .....	Fernandina
Okaloosa .....	Crestview
Orange .....	Orlando
Pinellas .....	Clearwater
Polk .....	Bartow
Santa Rosa .....	Milton
Seminole .....	Sanford
Taylor .....	Perry
Volusia .....	DeLand
Wakulla .....	Crawfordville
Walton .....	DeFuniak
Washington .....	Chipley

### STATE BUREAUS—DIVISIONS JACKSONVILLE

*Public Health Nursing*  
Ruth E. Mettinger, R.N.  
*Vital Statistics*  
Edward M. L'Engle, M.D.  
*Epidemiology*  
E. F. Hoffman, M.D., Acting  
Director  
*Tuberculosis*  
Lynne E. Baker, M.D.  
*Veneral Disease Control*  
W. T. Sowder, M.D.  
*Malaria Control*  
John E. Elmendorf, Jr., M.D.  
*Malaria Research*  
Tallahassee  
Mark F. Boyd, M.D.  
Rockefeller Foundation  
*Entomologist*  
W. V. King, Ph.D.  
Orlando  
U. S. Bureau Entomology

Florida Health Notes, published monthly on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act. of Aug. 24, 1912.

## ★ VENEREAL DISEASE EDUCATION IN NEGRO COLLEGES AND SECONDARY SCHOOLS

*Bureau of Health Education*

Many Negro schools and colleges in Florida can point with pride at this closing of a school year to the advances which have been made in needed health and venereal disease education. Definite efforts have been directed not only toward supplementing the training of prospective teachers for this work but toward furthering the in-service training of teachers already in the field. The courageous determination with which Negro educational leaders have faced the challenge of this problem among their people and have progressed toward its alleviation is highly commendable.

Throughout the year the assistance of the Bureau of Health Education of the State Board of Health has been sought by numerous Negro colleges and public schools. Consultation services, films, and materials have been provided and used by all Negro colleges in the state and by many public schools in the consideration of this problem. During the Annual Planning Conference for Negro Education, conducted by the State Department of Education, an entire session this year was devoted to problems of venereal disease education under the direction of Bureau of Health Education personnel. Negro college personnel as well as numerous Jeanes teachers, public school principals and teachers participated.

As a result of this conference a two-day institute was conducted by the Bureau of Health Education at the State Board of Health on June 2 and 3 for all Negro college instructors concerned with health education, teacher training, and health

service. This institute included a thorough discussion of the facts about the venereal diseases. Dr. R. F. Sondag, Division of Venereal Disease Control, acted as consultant during this discussion. A visit to the Duval County Hospital was conducted where members of the institute witnessed the city-county clinic for venereal diseases in session. Suggested methods and materials for supplementing college courses were also studied and discussed in detail. All materials and films available through the Bureau of Health Education were displayed.

It is an already established fact that through the health service departments in the Negro colleges all students are given medical diagnostic tests for venereal diseases, followed by personal advice, education, and treatment where needed. It has long been recognized, however, that the one or two day lectures or the occasional showing of films has failed to answer the need for the thorough venereal disease instruction which should supplement the medical testing program. Plans have been made to supplement the venereal disease instruction which is offered in the freshman hygiene course required of all students so that more thorough understandings are developed.

Definite attention has been directed to offering more detailed study of these problems to all prospective teachers. Special emphasis is being given to venereal disease education in the health education course which is required for teacher certification. Here study is being directed not only to the facts about the diseases but to the methods and materials recommended for conducting venereal disease education in the public schools. Prospective teachers majoring in the sciences or in health and physical education are receiving even more detailed study.

Certainly very definite and sincere efforts are being made by the colleges to see that in the future teachers are better prepared to assume responsibilities for this important work. School principals, too, have indicated a definite interest in providing time-allotment for the study of venereal diseases

among secondary school students and have attempted to conduct the in-service training of teachers for this work.

Noteworthy examples of the work done by Negro public schools are those of the Lincoln High School in Tallahassee, the Booker T. Washington Junior High School and the George S. Middleton Senior High School in Tampa. Although a greater number of children were reached in the two Tampa schools than at Lincoln High School, the experimental projects in both cities were quite similar. Reports received from Lincoln High School teachers on the educational procedures used there permit a more accurate description of the type of public school program used.

At the Lincoln High School, a group of teachers was selected to form a faculty health committee, composed of the high school principal, county Jeanes teacher, and the departments of science, home economics, health and physical education. For several months the health committee met at approximately weekly intervals to study the facts about the venereal diseases and to discuss ways and means for offering instruction to the students.

Plans were made with the representative of the United States Public Health Service at the Leon County Health Unit for the medical diagnostic testing of all students in grades seven through twelve. Records of the previous year's testing of a sample group of children had indicated approximately a five percent incidence of syphilis and approximately a thirty percent incidence of gonorrhea among the high school students.

A preliminary true-false test was given to all students to determine their knowledge of the facts about these diseases. Results of the test were analyzed by the teachers and used in planning instruction.

The major direct instruction was offered through the biology classes composed of ninth and tenth grade students, both boys and girls present. At least three consecutive weeks of



classroom study was devoted exclusively to the problems of the venereal diseases. The science teacher for the eleventh and twelfth grades and the physical education teachers for both boys and girls also devoted considerable class time to the study. All homeroom teachers contributed to the development of sound attitudes among the students in respect to the medical diagnostic program. They also assisted in answering student questions concerning films shown to the entire student body and concerning the true-false test.

"Question boxes" were placed in homerooms and in the science and physical education classes so that students could ask any questions they wished, anonymously if they wished. Films were previewed by the science classes and either recommended or not for showing to the entire student body. Biology students kept complete notebooks on these problems as on other biology problems. Pamphlets distributed through the Bureau of Health Education were used as basic study materials for the children. The entire study was undertaken in a thorough, scientific manner and the attitudes of the children toward the study were highly commendable.

The medical testing program was completed in December, 1942, and although the disease incidence was found to be noticeably lower than had been revealed by the sample testing of the previous year, this fact cannot necessarily be attributed to this year's educational program. A decided contrast in the attitude of the children toward the testing was noted by all teachers, however, and felt to definitely reveal values of the educational program. The faculty of the Lincoln High School, as indeed the faculties of the Tampa schools also, are to be commended upon the way they have attempted to adjust their school programs to the real needs of the boys and girls they teach. When the results of medical diagnostic tests of school children indicate as they do that these disease problems definitely reach down into the early teen age levels, all necessary justification for this instruction in junior and senior high schools has been supplied. It remains for all schools to face the challenge with the courage shown by these "pioneer" schools.



## ★ THE AGGLUTINATION TEST

by PEARL GRIFFITH, *Acting Director*  
*Bureau of Laboratories*

The phenomenon of agglutination is concerned with the reaction between a suspension of an antigen and a serum of a specifically immunized animal. Under the usual conditions of the test, this reaction results in a clumping together—the agglutination—of the suspended elements.

The first practical application of this phenomenon was the test devised by Widal, a French physician, in 1896, as an aid in the diagnosis of typhoid fever. It was shown that the serum of patients having a typhoid infection usually possessed the ability to agglutinate the suspended organisms early in the course of the disease.

The agglutination reaction now serves as an aid to the diagnosis of typhoid fever, the para-typhoids, pneumonia and the dysenteries and as a means of checking up cultural studies upon the closely related organisms of these groups. However, an agglutination reaction should not be accepted as positive evidence of an enteric infection but should always be followed by a culture of the blood, stool or urine as may be indicated.

In clinical work the agglutination test is used chiefly for the diagnosis of typhoid and para-typhoid infections.

Agglutination tests for typhoid H and O agglutinins, para-typhoid A and B, *Proteus* OX19, *Brucella* infection and *P. tularensis* are performed in the central and the four branch laboratories of the State Board of Health. During 1942, agglutination tests were made on 31,100 specimens of blood. All of the antigens and antisera used in the above tests were prepared in the central laboratory.

The technic for the agglutination test is not a difficult one. The methods generally employed are the macroscopic tube test, the macroscopic slide test and the microscopic slide test. The first one is probably the most widely used and is the technic employed in the routine procedure in the laboratories of the State Board of Health. This consists of a series of increasing dilutions of the patient's serum in a physiological salt solution ranging from 1/10 to 1/2500. To this is added an equal volume of diluted standard antigen. The tubes are incubated at 37° C. for 2 hours for the H antigen, then placed in the ice box for 18 to 20 hours, and at 52° C. for 18 to 20 hours for the O antigen. At the expiration of this time the tubes are removed from the ice box and water bath, allowed to stand at room temperature for not more than one hour and then read. In reporting, the results are expressed in the degree of agglutination, but only the highest dilution giving a 2+ or greater agglutination reaction is reported. Interpretation of findings is shown on the reverse side of the agglutination report blank used by the laboratories.

The significance of certain titers depend of course, on such factors as how long the patient has been sick, previous inoculation with typhoid and para-typhoid vaccine, the variability in the production of agglutinins in different individuals and the non-specific stimulation of typhoid-paratyphoid agglutinins by another organism. During the early phase of the infection agglutinins are not always found in the blood.

The specimen of choice for the agglutination test is about 5 to 10 cc. of blood collected aseptically in a sterile test tube from which sufficient serum may be obtained to set up tube agglutinations. After the clot and serum have been separated, the clot is cultured for typhoid and related organisms. Dried blood specimens are not satisfactory for accurate agglutinin determinations. When a specimen of dried blood is received with a request for examination for typhoid, a microscopic slide agglutination test is performed. When this is reported to the physician it is suggested that he submit about 5 cc. of blood for a tube agglutination test as a more accurate test can then be performed.

★ TO MOTHERS AND FATHERS OF THE  
NATION'S WARTIME CHILDREN  
EVERYWHERE, U. S. A.

June 1, 1943

*Dear Mothers and Fathers:*

*Have you been wondering whether you are doing everything you can for your children during this war period?*

*The doctors who study what goes on in children's bodies and minds and who know what has happened to children in other countries at war have been doing a lot of thinking about our children in wartime.*

*I've been talking with some of these doctors, and I want to share with you what they have told me.*

*You may think it strange, but they tell me there are some fathers and mothers who say to themselves, "Isn't it lucky our Johnny and Jane are so young! Too young to know what war is."*

*That's the biggest mistake of all. True, grownups know best what war is. But there is hardly a child, however young, whose body and mind are not touched by a Nation at war.*

*If ever children needed mothering and fathering, they need it now. The doctors say they need more of it in wartime than in peace. They need the kind of mothering and fathering that builds a child's security in a world that, even for him, is full of change.*

*Your Johnny and Jane know lots of things are different at home today. There will be more changes tomorrow. Both for you and for them many of these changes are hard to take. But with you*

*there, throwing your confidence and pluck and affection around Johnny and Jane, they'll not be hurt.*

*These are the foods your children grow on, just as much as the bread they eat. They need such food every day of their growing lives.*

*A child's spirit can be undernourished as well as his body. Your faith, and your courage, and your love are Grade A foods for your child's spirit. There are no others as good.*

*Of course it takes time to give children that quality of care. Just as you willingly give the time it takes to provide the carrots, milk, and other foods you give your child, you'll be glad later for the extra time you spend now in giving him affectionate guidance. Behind many a youngster in trouble is a parent overburdened with work, who thought he or she was too busy for children.*

*Because the job you are doing is so tremendously vital to the Nation, a Children's Bureau Commission on Children in Wartime is helping our Bureau to help you in every way we can.*

*Millions of you parents, during war, will have no choice but to yield to someone else some part of the place you have in your children's lives. Some fathers must go to war. Some mothers must leave home to work. To those of you who must, the doctors say: Keep the channels of affection and the lines of communication to your children as wide open as you can.*

*If Dad must be away from home altogether, try to put your children in touch with some other male relative who will keep an affectionate eye on your charges. Group activities, directed by men in the neighborhood or in school or church, will help your young ones without changing their loyalty and affection for their fathers. And when Dad leaves be sure that, if possible, the letters keep coming back home.*

*Fathers who are at home can help mightily, too, if they will take time to spread their companionship to neighbors' children who must wait until war is over to welcome home their own fathers.*

*And you, Mother. If you are one of the millions of mothers who do your war job of caring for your children at home, maybe you can give some of yourself to the children of others mothers, too. Perhaps you can help at the baby clinic, or with school lunches, or on playgrounds.*

*Every community in the country needs some kind of help in getting a wartime protection or service for children started or working well. Your talents for that may be just what's needed.*

*If you are a mother who must earn money away from home, get the best possible substitutes you can for the care you would otherwise provide. If you can't find or can't afford someone to come into your home, use every help your community provides for children. If you don't know what they are, your local defense council will be glad to give you suggestions.*

*Last but not least, especially watch over your older boys and girls, who are having to grow up so fast. They may need to be guarded against overtaxing their strength. They may want your aid in finding ways of helping that will make them feel important in your grown-up world. Above all, they deserve the kind of advice that understanding friends give to each other.*

*You see how big a job you fathers and mothers have in your hands right now. It's a war job of the highest priority rating. There are no uniforms to wear to distinguish this public service. No medals will come to you if you do well. But the bearing and grace of your child as he lives his days bravely and with fine spirit will be the match of any medal.*

*Sincerely yours,*

Katharine F. Lenroot,  
Chief, Children's Bureau  
U. S. Department of Labor.

## ★ THE IMPORTANCE OF RECOGNIZING ORGANIZMS OF THE GENUS SALMONELLA

by MILDRED M. GALTON, Sc. M., *Senior Bacteriologist,  
Bureau of Laboratories in collaboration with the Bureau of  
Epidemiology*

The nomenclature of the *Salmonella* group (paratyphoid bacilli) was in a state of confusion for many years. Much of the confusion was due to inadequate differentiation of the numerous species of these closely related bacteria isolated from such a variety of sources. Taxonomists relied largely on biochemical reactions, however, as many strains are almost identical culturally, emphasis turned to serological methods for accurate classification. The importance of bacterial variation in relation to antigenic analysis of *Salmonella* was observed by White in 1926. His work, which was confirmed and amplified by Kauffmann, provides our present method for the rapid and adequate identification of *Salmonella* strains. This method of typing is known as the Kauffmann-White Schema.

The generally accepted definition of the genus *Salmonella* is that proposed by White (1929) and modified by the *Salmonella* Subcommittee of the International Association of Microbiologists (1940) as follows: "A large genus of serologically related, Gram negative and non-sporing bacilli; 0.4 — 0.6 microns  $\times$  1 — 3 microns in usual dimensions, but occasionally forming short filaments; showing, with certain exceptions, a motile peritrichous phase in which they normally occur; in fact adhering to the pattern of *B. typhosus* in staining properties and morphology. Failing to ferment sucrose or to clot milk and rarely fermenting lactose, liquefying gelatin or producing indole, they regularly attack glucose, with, but occasionally without, gas production. All the known species are pathogenic for man, animals, or both."



The Salmonella infections (Salmonelloses) of man have been divided into:

- 1) **Salmonella fevers (typhoid, paratyphoid) generalized infections of subacute course but which may show septic localization.**
- 2) **Gastroenteritis or food poisoning—acute infections of the gastro-intestinal tract, which may be extended to the whole body.**
- 3) **Localized pyogenic infections.**

The knowledge of whether a Salmonella is of human or animal origin is important not only in clinical diagnosis but for the epidemiological investigation in determining the source of the infection. The types of human origin, *S. paratyphi* (Para A), *S. schottmuelleri* (Para B), *S. hirschfeldii* (Para C), and *S. sendai*, usually produce a typhoidal fever (paratyphoid fever). The remaining known types of animal origin are usually associated with gastro-enteritis, but the reverse in both types has been found to occur. Hormaeche and Peluffo found that infants and children are much more susceptible to Salmonellas of animal origin than the adult. Salmonella infections of animal origin in the adult may be due to accident, such as handling of pets and domestic animals or ingestion of contaminated foods; in children, especially, infants the illness is endemic and although an increase of cases was noted in summer, they were found the year round. Fatal cases have been produced by a variety of types. According to White, the case mortality varies greatly with conditions and tends to be lower than typhoid.

Carriers of Salmonella of human origin are comparable to typhoid carriers and may be chronic or convalescent. The carrier state in man is usually transitory for the animal types, chronic carriers are rarely encountered.

Salmonella organisms have not only been isolated from cases of enteric illness. Numerous reports of other infections due to these bacilli have appeared. They have been found in spinal fluid in meningitis, peritoneal exudate, ear infections, endocarditis, etc.

The world-wide distribution of Salmonella types has been clearly demonstrated in a recent report by Edwards and Bruner regarding the occurrence and distribution of Salmonella types in the United States and its possessions. They examined 3,090 Salmonella cultures isolated from man and ani-

mals in 2,285 outbreaks of infection. One hundred and twenty-three cultures were isolated from normal human carriers.

It is obvious that typing of a *Salmonella* culture by antigenic analysis is essential for the control of Salmonellosis, as has been emphasized by Borman, Wheeler, West and Mickle. An International *Salmonella* Center, financed by the Commonwealth Fund, has been established at the State Serum Institute in Copenhagen, Denmark, under the direction of Dr. Th. Madsen and Dr. F. Kauffmann. The purpose of which is to stimulate the study of *Salmonella* organisms, to assist in the identification of cultures and to maintain standard strains. These standard strains together with diagnostic sera have been sent to national centers which have been established in several countries. The national centers also identify *Salmonella* cultures and furnish standard strains to laboratories interested in further study of the group. All *Salmonella* strains isolated in these laboratories are identified through the courtesy of Dr. P. R. Edwards of the National *Salmonella* Center, Kentucky Agricultural Experiment Station, Lexington, Kentucky.

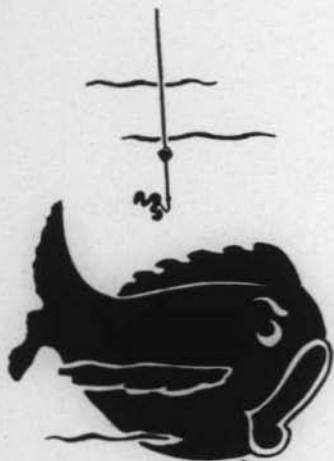
★ **INFANT MORTALITY—DEATHS OF INFANTS UNDER ONE  
YEAR OF AGE AND RATES PER 1,000 LIVE BIRTHS,  
BY COLOR, FLORIDA, 1933 - 1942, U. S.  
REGISTRATION AREA RATES 1933-1941**

YEARS	TOTAL		WHITE		COLORED		U. S. REGISTRATION AREA RATE
	Deaths	Rate	Deaths	Rate	Deaths	Rate	
1942	1,947	47.6	1,143	38.8	804	70.3	—
1941	1,975	52.6	1,180	44.1	795	73.7	45.3
1940	1,809	53.5	1,045	43.8	764	76.9	47.0
1939	1,821	56.3	1,041	45.9	780	80.8	48.0
1938	1,804	58.0	1,054	48.4	750	80.3	51.0
1937	1,759	59.7	960	46.7	799	89.5	54.4
1936	1,664	59.3	975	49.4	689	82.7	57.1
1935	1,730	61.7	986	50.3	744	87.9	55.7
1934	1,818	68.1	1,011	54.4	807	99.6	60.1
1933	1,619	63.0	878	49.9	741	91.7	58.1

**INFANT MORTALITY—DEATHS OF INFANTS UNDER ONE YEAR  
OF AGE AND RATES PER 1,000 LIVE BIRTHS, BY COLOR,  
BY COUNTIES, FLORIDA, 1942**

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
STATE	1,947	47.6	1,143	38.8	804	70.3
Alachua	52	49.8	17	25.2	35	94.6
Baker	6	43.2	4	48.8	2	35.1
Bay	28	38.1	16	25.8	12	104.3
Bradford	12	49.6	6	34.3	6	89.6
Brevard	13	48.3	9	50.3	4	44.4
Broward	38	47.6	17	40.3	21	55.9
Calhoun	10	48.1	9	50.6	1	33.3
Charlotte	2	54.1	1	38.5	1	90.9
Citrus	1	10.8	0	—	1	26.3
Clay	13	68.4	10	72.5	3	57.7
Collier	1	30.3	0	—	1	111.1
Columbia	13	31.6	6	22.5	7	48.3
Dade	212	42.9	134	34.3	78	75.4
DeSoto	9	37.7	7	36.1	2	44.4
Dixie	15	90.9	6	58.3	9	145.2
Duval	258	47.6	162	41.3	96	64.0
Escambia	149	59.3	102	50.1	47	98.5
Flagler	1	30.3	0	—	1	37.0
Franklin	3	22.9	3	36.6	0	—
Gadsden (Ex.)	52	83.2	11	56.1	41	95.6
State Hospital	0	—	0	—	0	—
Gilchrist	6	81.1	5	84.7	1	66.7
Glades	0	—	0	—	0	—
Gulf	12	65.9	9	66.7	3	63.8
Hamilton	11	48.0	1	8.0	10	96.2
Hardee	3	16.2	3	17.3	0	—
Hendry	9	111.1	1	20.4	8	250.0
Hernando	4	29.4	4	38.5	0	—
Highlands	10	33.0	8	33.1	2	32.8
Hillsboro	201	47.3	158	43.9	43	65.5
Holmes	12	35.4	12	36.8	0	—
Indian River	3	19.5	1	9.6	2	40.0
Jackson	28	32.4	15	26.6	13	43.3
Jefferson	14	50.5	3	44.1	11	52.6
Lafayette	0	—	0	—	0	—
Lake	19	40.1	11	34.0	8	53.3
Lee	35	79.9	24	68.0	11	129.4
Leon	32	39.2	12	28.4	20	50.8
Levy	12	46.3	6	39.7	6	55.6
Liberty	5	74.6	4	85.1	1	50.0
Madison	14	34.9	6	36.6	8	33.8
Manatee	25	48.7	15	45.5	10	54.6
Marion	32	52.0	16	46.8	16	58.6
Martin	11	112.2	3	53.6	8	190.5
Monroe	23	58.4	17	53.3	6	80.0
Nassau	12	63.2	3	25.6	9	123.3
Okaloosa	11	29.7	7	20.5	4	137.9
Okeechobee	1	22.7	1	28.6	0	—
Orange	72	51.1	45	41.9	27	80.8
Osceola	9	50.8	7	49.0	2	58.8
Palm Beach	80	56.5	32	38.1	48	83.3
Pasco	10	35.6	8	36.0	2	33.9
Pinellas	36	29.4	25	27.1	11	36.4
Polk	83	44.5	50	34.9	33	76.0
Putnam	19	49.2	7	33.2	12	68.6
St. Johns	21	49.8	5	19.5	16	96.4
St. Lucie	17	61.6	6	41.1	11	84.6
Santa Rosa	12	39.9	10	37.3	2	60.6
Sarasota	13	44.2	6	26.7	7	101.4
Seminole	19	57.6	4	27.6	15	81.1
Sumter	12	53.8	6	44.1	6	69.0
Suwannee	21	52.6	7	30.3	14	83.3
Taylor	7	32.7	4	27.0	3	45.5
Union	4	38.5	2	25.6	2	76.9
Volusia	37	51.4	21	44.3	16	65.0
Wakulla	2	20.0	1	17.9	1	22.7
Walton	19	57.6	17	58.4	2	51.3
Washington	21	77.5	15	67.6	6	122.4

FLA STATE LIBRARY  
TALLAHASSEE, FLA  
D40



**"I'M NO SUCKER!"**

NO ONE NEED HAVE  
DIPHTHERIA OR SMALL-  
POX. IMMUNIZATION  
PROTECTS YOU AND  
YOUR CHILDREN.



**BE WISE  
IMMUNIZE**



# *Florida* **HEALTH NOTES**

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • JULY, 1943 • VOL. 35 • No. 7

# Florida HEALTH NOTES

ESTABLISHED 1890

Hon. Spessard L. Holland  
Governor of Florida

## BOARD MEMBERS

Herbert L. Bryans, M.D., President.....Pensacola  
William Parr, Ph. G.....Tampa  
Robert B. McIver, M.D.....Jacksonville

Henry Hanson, M. D.....State Health Officer

## ACCREDITED HEALTH UNITS

**STATE  
BUREAUS—DIVISIONS  
JACKSONVILLE**

*Accounting*  
G. Wilson Baltzell

*Dental Health*  
D. H. Turner, D.D.S.  
Acting Director

*Local Health Service*  
W. T. Sowder, M.D.  
Acting Director

*Narcotics*  
M. H. Doss

*Engineering*  
John B. Miller, Acting Director

*Health Education*  
Elizabeth Fretwell

*Laboratories*  
Pearl Griffith, Acting Director

*Maternal & Child Health*  
E. F. Hoffman, M.D.  
Acting Director

County	Town
Baker .....	Macclenny
Bay .....	Panama City
Bradford .....	Starke
Broward .....	Ft. Lauderdale
Clay.....	Green Cove Springs
Dade .....	Miami
Duval .....	Jacksonville
Escambia .....	Pensacola
Franklin .....	Apalachicola
Gadsden .....	Quincy
Glades .....	Moore Haven
Gulf .....	Port St. Joe
Highlands .....	Sebring
Hillsborough .....	Tampa
Jackson .....	Marianna
Jefferson .....	Monticello
Lake .....	Tavares
Leon .....	Tallahassee
Levy .....	Bronson
Madison .....	Madison
Monroe .....	Key West
Nassau .....	Fernandina
Okaloosa .....	Crestview
Orange .....	Orlando
Pinellas .....	Clearwater
Polk .....	Bartow
Santa Rosa .....	Milton
Seminole .....	Sanford
Taylor .....	Perry
Volusia .....	DeLand
Wakulla .....	Crawfordville
Walton .....	DeFuniak
Washington .....	Chipley

**STATE  
BUREAUS—DIVISIONS  
JACKSONVILLE**

*Public Health Nursing*  
Ruth E. Mettinger, R.N.

*Vital Statistics*  
Edward M. L'Engle, M.D.

*Epidemiology*  
E. F. Hoffman, M.D., Acting  
Director

*Tuberculosis*  
Lynne E. Baker, M.D.

*Venereal Disease Control*  
R. F. Sondag, M.D.

*Malaria Control*  
John E. Elmendorf, Jr., M.D.

*Malaria Research*  
Tallahassee  
Mark F. Boyd, M.D.  
Rockefeller Foundation

*Entomologist*  
W. V. King, Ph.D.  
Orlando  
U. S. Bureau Entomology

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla.. Act. of Aug. 24, 1912.



## ★ PARALLEL ACTION ON WATER AND SEWAGE PROBLEMS

by J. B. MILLER,

*Bureau of Sanitary Engineering*

The operators, chemists and engineers in the water supply and sewage treatment field in Florida took every advantage of the Short Course on these subjects given early in June by the General Extension Division of the University of Florida. The Short Course was sponsored by and given in co-operation with the Florida Section of the American Water Works Association, the Florida Sewage Works Association, and the Bureau of Sanitary Engineering of the Florida State Board of Health.

Always welcoming an opportunity to assist with promotion or improvements in the field of water supply and sewage treatment and disposal in Florida, the Bureau of Sanitary Engineering took a very active part in making arrangements for the school and its sessions. There always are quite a number of details to be handled in preparing for a course of this kind. This year unusual difficulties were encountered because of war emergency conditions. The need for the water and sewage school was more keenly felt this year than at any time, however, and it was decided to expend every effort possible to make the school a success. That the effort of the "wheel-horses" in the movement was well repaid, was shown by the biggest registration and participation in the sessions ever obtained in the ten such courses previously given.

Because of prior commitments of the University, particularly in connection with the institution's program of training personnel of the armed forces, it was not possible to hold the water and sewage short course on the University campus this

year. It, therefore, became necessary to look for a place where necessary facilities and housing accommodations could be obtained. The needed accommodations and facilities were found in West Palm Beach, where the officials and personnel of the West Palm Beach Water Company were gracious hosts to, and very actively participated in, the water and sewage school.

Basic fundamentals of the operation and control of water and sewage treatment plants were covered during the several sessions of the four-day course. The faculty of proficient instructors was comprised of men from Florida State Board of Health, University of Florida, from water plants in such cities as Gainesville, West Palm Beach and Miami, the U. S. Engineer Department, the United States Public Health Service, the Repairs and Utilities Division of Army Corps of Engineers, equipment manufacturers' personnel, and consulting sanitary engineers.

Many of the men attending the short course came from Army and Navy establishments in Florida where they are responsible for operation of water and sewage treatment works in such bases. The course was particularly timely in view of the fact that in many instances new personnel are operating water and sewage treatment plants for the Army and Navy as well as for some of the cities of the State. It has been necessary for some cities to make replacements with not fully trained personnel after their regular water works and sewerage men were called into the armed forces. Too, because of the extreme scarcity of men trained in this field, the Army and Navy have had to employ men in some instances who needed and desired further special training for this work.

The Bureau of Sanitary Engineering greatly appreciates the opportunity to have participated in the short course with the University and with the water and sewage associations and others attending. It is felt that considerable benefit will accrue to the water supply and sewage treatment program in the State as a result of so many men vitally interested in these fields meeting and working together on mutual problems.

## ★ FEDERAL PUBLIC HOUSING AUTHORITY INFIRMARIES

by MISS RUTH E. METTINGER, R. N., *Director*  
*Bureau of Public Health Nursing*

The war has changed the living conditions of many, especially those who have moved to crowded communities and to defense areas where the war has necessitated an increase in factory production and where the housing facilities have been inadequate.

Since the majority of people will not remain in the community after the war, naturally they do not care to own their home. Decent living conditions however are as vital for war industry workers as for soldiers.

The Federal Housing Projects have assisted greatly in giving decent housing conditions to war workers. However, the housing situation has not alleviated absences from work because of illness, which naturally cuts production. In this period of emergency every industrial worker is needed on his job at the peak of his efficiency; the nation can ill afford days lost through accidents, illness or work slowed down because "John isn't up to par today."

The Federal Public Housing Authority, realizing the importance of the control of communicable disease and the care of minor illnesses, has arranged with the United States Public Health Service for the operation of a Federal Public Housing Authority Infirmary under the direction of the United States Public Health Service and the Florida State Board of Health. The first of these infirmaries in the southern region was opened at the Wainwright Park, Panama City, June 1.

The nurse and attendants for this infirmary were recruited through the United States Public Health Service and the Florida State Board of Health. All personnel are under Civil Service.

The infirmary is constructed and equipped by the Federal Public Housing Authority. Allotments for the salaries of the nurses and other expenses incidental to the discharge of this function is made by the Federal Public Housing Authority to the United States Public Health Service.

The infirmary is to be used primarily for bed-care of illnesses under which conditions of normal family life would be cared for in the home. It is designed to be used by the tenants of dormitories, including dormitory apartments. Isolation units are included for the care of minor communicable disease cases. Space is provided for private physicians, dentists and for public health activities.

Due to the necessity of continuing war production, preference to the infirmary will be given to the adult tenants of dormitories and dormitory apartments.

Children may be admitted at the discretion of the attending physician when the illness constitutes a health hazard to the community or necessitates absenteeism of a war worker.

Persons requiring obstetrical or major operations will not be admitted.

Industrial health problems related to National Defense does not exist in the plant alone, nor will all personnel go to the infirmary for minor illnesses. Therefore, the nurse will visit families in the community, giving nursing care in emergencies and teaching someone in the home how to care for the ill; also, holding home nursing classes and teaching the importance of immunization, isolation and quarantine in the control of communicable diseases.

## ★ PLANNING FOR THE MOBILE X-RAY UNIT

by LYNNE E. BAKER, M. D., *Director*  
*Division of Tuberculosis*

This year it is extremely important that careful plans be made weeks in advance of the visit of the State Board of Health mobile X-ray unit.

The tentative schedule for the x-ray unit from July 1, 1943 until January 1, 1944 is given on the following pages.

From all indications, x-ray film, x-ray tubes and other material will be progressively difficult to obtain. This is perfectly understandable when one stops to think of the great quantities of these vital materials that are being used by the armed forces all over the world. For the duration, we will have to preserve the equipment that we have, since it is not replaceable.

In spite of careful inspection at regular intervals, there will be some breakdowns. These interruptions in the schedule are regrettable—to say the least. But if such an unfortunate incident occurs in your county, please understand that it could not be helped, and that it will be repaired as soon as possible.

This year, too, we should endeavor to make each film count. The great majority of people to be x-rayed should be 18 years of age or older. At least 90 or 95% of the people x-rayed should be adults. Only direct family contacts or suspects who have an x-ray card signed by the family physician or county health officer should be included in the younger age groups.



Each physician in the county should be contacted early and furnished with x-ray cards several weeks in advance. Any of their patients who are in the lower income group and need a film can be given an x-ray card and told to report for a film when the unit is in the county.

A good slogan for the year would be—"LET'S SEE HOW MANY CASES OF PULMONARY TUBERCULOSIS WE CAN FIND"—rather than—"LET'S SEE HOW MANY X-RAY FILMS WE CAN TAKE."

### TENTATIVE SCHEDULE MOBILE X-RAY UNIT

July 1, 1943	—	January 1, 1944
DATE	DAY OF WEEK	COUNTY
July 1-3	Thurs.-Sat.	Open
July 5-10	Mon.-Sat.	Open
July 12-17	Mon.-Sat.	Open
July 19-24	Mon.-Sat.	Open
July 26-31	Mon.-Sat.	Open
August 2-3 4-7	Mon.-Tues. Wed.-Sat.	Flagler East Volusia
August 9-10 11-14	Mon.-Tues. Wed.-Sat.	East Volusia Brevard



DATE	DAY OF WEEK	COUNTY
August 16-17	Mon.-Tues.	Brevard
18-19	Wed.-Thurs.	Indian River
20-21	Fri.-Sat.	St. Lucie
August 23-24	Mon.-Tues	St. Lucie
25	Wed.	Okeechobee
26-28	Thurs.-Sat.	Palm Beach
August 30-31	Mon.-Tues.	Palm Beach
September 1-3	Wed.-Fri.	Palm Beach
4	Sat.	Open
September 6	Mon.	Open-LABOR DAY
7-8	Tues.-Wed.	Palm Beach
9-11	Thurs.-Sat.	Broward
September 13-15	Mon.-Wed.	Broward
16-18	Thurs.-Sat.	Dade
September 20-25	Mon.-Sat.	Dade
September 27	Mon.	Open
28-29	Tues.-Wed.	Monroe
30	Thurs.	Open
October 1-2	Fri.-Sat.	Open
October 4-5	Mon.-Tues.	Hendry
6	Wed.	Glades
7-9	Thurs.-Sat.	Highlands
October 11-12	Mon.-Tues.	Highlands
13-14	Wed.-Thurs.	DeSoto
15-16	Fri.-Sat.	Hardee
October 18-23	Mon.-Sat.	Polk
October 25-29	Mon.-Fri.	Polk
30	Sat.	Open

DATE	DAY OF WEEK	COUNTY
November 1-2 3-6	Mon.-Tues. Wed.-Sat.	Open Orange
November 8-13	Mon.-Sat.	Orange
November 15-20	Mon.-Sat.	Seminole
November 22-24 25 26-27	Mon.-Wed. Thurs. Fri.-Sat.	West Volusia Open-THANKSG. Open
November 29-30 December 1-4	Mon.-Tues. Wed.-Sat.	Putnam Putnam
December 6-11	Mon.-Sat.	Alachua
December 13-15 16-18	Mon.-Wed. Thurs.-Sat.	Bradford Clay

## FEDERAL PUBLIC HOUSING INFIRMARIES—continued from page 118

Patients admitted to the infirmary will select their own physician and will be expected to pay for that service. No person may remain in the infirmary more than forty-eight hours without an attending physician.

Industrial health work should be a strong arm in National Defense, and while the Wainwright Park Infirmary is the first to be established in the southern region by the Federal Public Housing Authority through the cooperation of the United States Public Health Service and the Florida State Board of Health, it is hoped that many more such infirmaries will be established throughout the State.

## ★ VICTORY CORPS PHYSICAL FITNESS DENTAL PROGRAM

by D. H. TURNER, D.D.S., *Acting Director,*  
*Bureau of Dental Health*

War has put an added responsibility on the dentists of the nation. In Florida, as in most of the other states, the dentists have accepted this situation as an opportunity to contribute to the new era in health and education.

A large number of the nation's dentists have been taken into the armed services and those remaining on the home front must carry on not only for themselves but for those away. They must expend more time and labor in their efforts to keep the persons in their communities dentally fit for their war-time civilian activities; and, at the same time, give special consideration to the youth of today who are preparing for tomorrow's duties. It is from this group of young people—the high school students soon to be graduated—that the fighting men of the near future, workers in war industries, and trainees for dental, medical, and nursing careers will be drawn.

The information from Selective Service and other reliable sources that an overwhelming number of men were rejected by the armed forces because of dental defects emphasizes the fact that we are confronted with a serious condition requiring immediate and efficient handling.

This nation-wide problem has been recognized by the American Dental Association, the United States Public Health Service, and the United States Office of Education, and

these agencies have united their efforts in sponsoring a nationwide dental program—THE VICTORY CORPS-PHYSICAL FITNESS DENTAL PROGRAM. Its main objective being to make dentally fit high school students who are near military age and who will, in all likelihood, be called into active service or into vital war industries upon graduation or shortly thereafter. The Victory Corps-Physical Fitness Dental Program—the first dental program for high school students ever to be promoted on a national scale—is correlated with the correction of physical defect phases of the Victory Corps and Physical Fitness programs in high schools throughout the nation.

On the state level, the Florida State Dental Society, the Bureau of Dental Health, and the State Department of Education are giving their support to the movement. The dentists of the state have been urged to participate wholeheartedly in the program by giving priority of appointments to high school students (especially those in the upper grades), so that they may not be hindered by dental disease from fulfilling military and civilian activities when they are called to service. In this behalf, the Bureau of Dental Health mailed a letter to the individual dentists of Florida stressing the need of their assistance. All reports are that the dentists of our state are cooperating and making a sincere effort to help in the all-out-effort to win the war.

"If we are to have a population composed of individuals who understand the basic facts about health and disease so clearly that they will continue throughout life to protect their own health and the health of the community, we must begin health instruction in the primary grades and continue it throughout the entire school course."

HENRY HANSON, M. D., *State Health Officer*,  
in FLORIDA'S SCHOOL HEALTH PROGRAM, Florida Program for  
Improvement of Schools Bulletin No. 4, Revised Edition, 1943.

## ★ POPULATION TRENDS IN FLORIDA

by BETTY AMBLER, *Statistician,*  
*Bureau of Vital Statistics*

Is Florida's population increasing or decreasing?

Assuming a growth, is this due to a high birth rate or a low death rate? Does a high or low economic status accompany a high birth rate? What effect does the immigrant and resident parts of the population have on the total? How do the urban and rural sections of the state differ? These are some of the questions those interested in population trends may ask.

In an attempt to answer these questions, the writer studied the U. S. Census findings for 1940 and also computed vital indices for the state and its counties.

The U. S. Census for 1940 revealed that Florida's population is steadily increasing, but at a slower rate than formerly. The percent of increase for the period 1930-1940 was 29.2% as compared with an increase of 51.6% for the previous ten-year period.

During the period 1930-1940, 53 counties showed an increase while 14 showed a decrease. But since the decreases were slight, the state population was affected very little. Of the counties, Gulf had the highest per cent of increase.

Since Florida attracts people from other states, both tourist and more permanent residents, this increase could have been due to immigration. A measure was sought to determine whether this was true. The vital index, or ratio of births to every 100 deaths, meets this need. Births and deaths occurring in the resident population only were used in computing vital indices for the state as a whole and for each county.



Florida's vital index for 1941 is 174. That is, for every 100 deaths, there were 174 births. This compares favorably with 148 for the United States in 1940. The vital indices for the counties ranged from 81 to 500.

As can be seen on the map, this range was for convenience arbitrarily divided into five parts. The largest group is the middle one in which fall the counties having vital indices near that of the state. The two groups on either side tend to cluster in certain sections of the state. There were only 3 counties having indices less than a 100, "the breaking-even-point," and most of the counties have indices well above that point.

In view of these high vital indices, it is safe to say that Florida's resident population is responsible to a large extent for the increase in her population.

Questions often arise as to the condition of the urban in comparison with the rural sections of the population. The same procedure was applied to this problem.

According to the census figures the urban population for Florida as a whole has increased faster than the rural. As defined by the U. S. Bureau of the Census, an incorporated place is classified as urban if the population is 2,500 or more.

In 1940 there were 28 counties whose populations were entirely rural; 46 counties, possessing 30% of the total state population, had a rural population of 50% or more; and 21 counties, possessing the remaining 70% of the state population, had a rural population of 50% or less.

Thus, while approximately two-thirds of the counties are predominantly rural, they contribute only about one-third of the total state population. The state as a whole was classified as 44.9% rural in the 1940 census.

There were only ten counties in which the percentage of rural population was higher in 1940 than in 1930. Since these counties contained many of the larger cities of the state, this was probably due to the growth of these cities without an extension of the city limits.



Vital indices were computed also for the urban and rural sections of the state as a whole and for each county. Those for the state were 154 and 207 respectively. This means there were 53 more births per 100 deaths in the rural areas of the state than in the urban. There were only 8 counties in the state having higher vital indices for the urban part than for the rural.

These higher vital indices indicate a healthier condition in the rural sections than in the urban. This is borne out further by statistical measurement and observation of the rural birth and death rates. Both of these investigations point to the fact that the rural vital indices were influenced more by low death rates than by high birth rates.

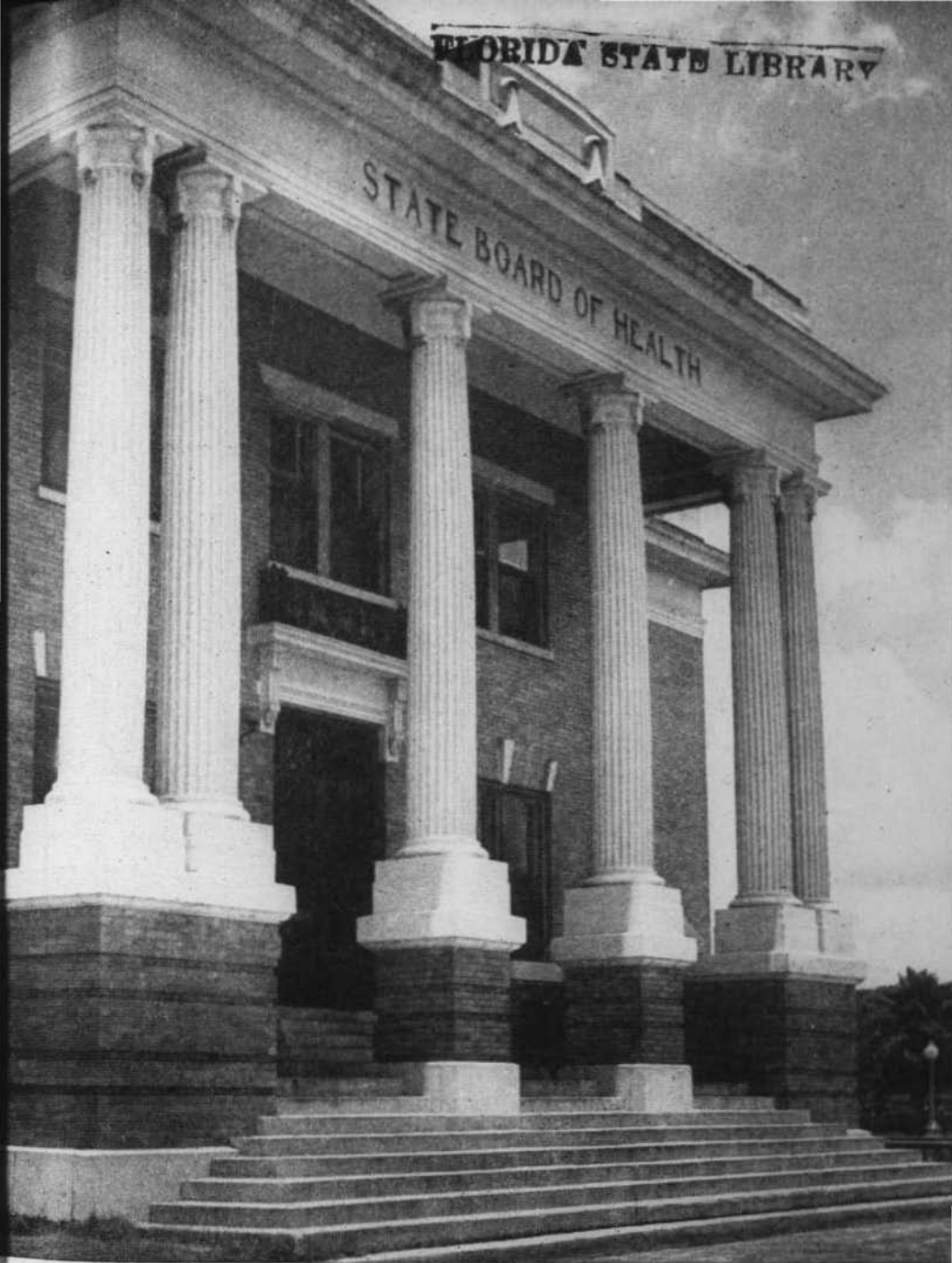
Referring to the groupings previously mentioned, we find that all but one county (Bay) of the 15 having the highest indices have rural populations with no towns over 2,500. On the other hand, of the 11 having the lowest indices, four have populations in this classification.

These facts make it clear that, although the rural vital index is consistently higher than the urban, the rural population is slightly less. It is logical to conclude that more of the immigration is to the urban areas.

Economically the 14 rural counties having the highest vital indices are among the poorer ones of the state. There are no large towns in these counties, and their populations engage in agricultural, lumbering, and similar means of livelihood. But since these high indices seem to be due more to a low death rate than to a high birth rate, this is a good condition at least from the health view point.

We conclude, then, that the increase in Florida's population is due to a high vital index in its resident population as well as to immigration. Furthermore, influencing this high vital index is a still higher one for the rural areas of the state and a lower one for the urban. These are significant trends for those interested in public health.





# *Florida* **HEALTH NOTES**

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • AUGUST, 1943<sup>7</sup> • VOL. 35 • No. 8

# Florida HEALTH NOTES

ESTABLISHED 1897

Hon. Spessard L. Holland  
Governor of Florida

## BOARD MEMBERS

Herbert L. Bryans, M.D., President.....Pensacola  
William Parr, Ph. G.....Tampa  
Robert B. McIver, M.D.....Jacksonville

Henry Hanson, M. D.....State Health Officer

## ACCREDITED HEALTH UNITS

### STATE BUREAUS—DIVISIONS JACKSONVILLE

#### *Accounting*

G. Wilson Baltzell

#### *Dental Health*

D. H. Turner, D.D.S.

Acting Director

#### *Local Health Service*

W. T. Sowder, M.D.

Acting Director

#### *Narcotics*

M. H. Doss

#### *Engineering*

John B. Miller, Acting Director

#### *Health Education*

Elizabeth Fretwell

#### *Laboratories*

Pearl Griffith, Acting Director

#### *Maternal & Child Health*

E. F. Hoffman, M.D.

Acting Director

County	Town
Baker .....	Macclenny
Bay .....	Panama City
Bradford .....	Starke
Broward .....	Ft. Lauderdale
Clay.....	Green Cove Springs
Dade .....	Miami
Duval .....	Jacksonville
Escambia .....	Pensacola
Franklin .....	Apalachicola
Gadsden .....	Quincy
Glades .....	Moore Haven
Gulf .....	Port St. Joe
Highlands .....	Sebring
Hillsborough .....	Tampa
Jackson .....	Marianna
Jefferson .....	Monticello
Lake .....	Tavares
Leon .....	Tallahassee
Levy .....	Bronson
Madison .....	Madison
Monroe .....	Key West
Nassau .....	Fernandina
Okaloosa .....	Crestview
Orange .....	Orlando
Pinellas .....	Clearwater
Polk .....	Bartow
Santa Rosa .....	Milton
Seminole .....	Sanford
Taylor .....	Perry
Volusia .....	DeLand
Wakulla .....	Crawfordville
Walton .....	DeFuniak
Washington .....	Chipley

### STATE BUREAUS—DIVISIONS JACKSONVILLE

#### *Public Health Nursing*

Ruth E. Mettinger, R.N.

#### *Vital Statistics*

Edward M. L'Engle, M.D.

#### *Epidemiology*

E. F. Hoffman, M.D., Acting  
Director

#### *Tuberculosis*

Lynne E. Baker, M.D.

#### *Veneral Disease Control*

R. F. Sondag, M.D.

#### *Malaria Control*

John E. Elmendorf, Jr., M.D.

#### *Malaria Research*

Tallahassee  
Mark F. Boyd, M.D.  
Rockefeller Foundation

#### *Entomologist*

W. V. King, Ph.D.  
Orlando  
U. S. Bureau Entomology

Florida Health Notes, published monthly on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act. of Aug. 24, 1912.

## ★ HEALTH DISTRICTS FOR SMALL COUNTIES

On the following page there is quoted in full a letter recently written to the chairmen of the boards of county commissioners of all the smaller counties with no organized health service. It is hoped that these counties will take this opportunity to establish for themselves an organized health service in cooperation with the State Board of Health.

The combination of smaller counties into health districts is a practice of proven merit and is being followed in nearly all states. It is recommended by the U. S. Public Health Service and by the Committee on Administrative Practice of the American Public Health Association. It is all the more necessary on account of the war which has multiplied the demands on public health agencies and seriously weakened our ability to meet these demands by taking away many of our trained personnel.

If all the counties now without any organized health service elect to have this service, great difficulty is anticipated in finding personnel with minimum qualifications. Nevertheless, I believe that it can be done, and the State Board of Health will make every effort to do its part in providing this personnel.

HENRY HANSON, M. D., *State Health Officer*



Chairman  
Board of County Commissioners

Dear Sir:

There are at the present time in Florida thirty-three counties that have organized health departments. These counties contain about 75% of the population of the State and are, in general, the wealthier counties. Funds appropriated for health work by the State and Federal Government that are not needed for administration and laboratory services are, at the present time, necessarily being distributed only among counties who have an organized health service, which is in accordance with the law. However, it was the intention of the Congress and the State Legislature that these funds should be distributed to all counties who are willing to assist in the establishment of an organized health service.

In the past the smaller counties have been greatly handicapped in providing sufficient funds to match State and Federal funds to establish a health unit of their own. The only solution for this problem seems to be for the smaller counties, such as yours, to form along with your neighboring counties a health district and that each county in this district contribute along with the State Board of Health towards its support. Another, and more urgent, reason for not trying to set up a separate health department in each of the remaining counties is that the shortage of doctors and nurses makes it impossible. However, if you would be willing to contribute a reasonable sum towards the maintenance of such a district, the State Board of Health will make every effort to find medical and nursing personnel. It is believed that an appropriation of about fifty cents per capita on your part would be a reasonable contribution.

In considering the extent of your contribution, it is understood that what you are now contributing toward your Venereal Disease Control Program will be counted. It is, also, possible that you may have already a county nurse or sanitary officer who could be taken into the new set-up. If you have any such personnel and they possess reasonable minimum qualifications, the State Board of Health will accept them. In other words, there need not be any serious disturbance as far as personnel is concerned in your present health set-up. Also, it is possible that the school board and municipalities in your county may be interested in helping to finance such a health district. If they should, the State Board of Health would be glad to count their contribution as a part of the desired fifty cents per capita.

I would appreciate it if you would give this matter your attention when you make up your budget for the next fiscal year. If you would like a health service on the basis of that proposed, I should be glad to meet with you to discuss the matter further—or to have a representative from this office do so.

Very truly yours,

HENRY HANSON, M. D.  
*Florida State Health Officer*



## ★ WARTIME TRAINING IN SANITATION

by J. B. MILLER,  
*Bureau of Sanitary Engineering*

A hold-the-line plan for training of sanitation personnel during the war emergency has been developed and put into effect. This is the program of home-study or correspondence courses being offered through the General Extension Division of the University of Florida, and is a cooperative effort of that institution and the Bureaus of Sanitary Engineering and Epidemiology of the Florida State Board of Health.

The need for a wartime program of practical training for sanitation men in the State has been keenly felt by many of the county health units because of the loss of a number of their trained sanitary officers to the armed forces. In replacing these losses it has been necessary in many instances, because of the acute manpower shortage in this particular field, to employ as sanitarians individuals with little or no specialized training in this field, men without the necessary formal training in public health and sanitation.

Recognizing that persons newly employed in this field cannot effectively perform their duties and carry out a sanitation program without acquiring basic and fundamental knowledge of environmental sanitation, those concerned with the problem have set up a study program designed to cover the more salient features or points of such fundamental knowledge. This fundamental training available through the General Extension Division of the University consists of the following courses which have been described in an announcement:

**EPIDEMIOLOGY.** An epidemiological study of the communicable diseases common in Florida. This is primarily a reading course and it serves as an introduction to courses which follow.

**ENVIRONMENTAL SANITATION.** A study of those physical factors affecting sanitation of man's habitat.

**ELEMENTARY DESIGN AND CONSTRUCTION.** Design and construction of such structures as dairy barns, milk houses, oyster shucking houses, sanitary privies, septic tanks, household cisterns and other private water supplies; the layout of simple house plumbing, together with a sketch of the geology of the State.

**PUBLIC HEALTH BACTERIOLOGY & EPIDEMIOLOGY.** A study of the classification, characteristics, means of spread and control of bacteria and related micro-organisms which cause disease. Special emphasis is placed on such diseases as typhoid and paratyphoid fevers, dysentery, and food poisoning and other food, water and milk-borne diseases. The spread and control of diphtheria, influenza and colds, and venereal diseases are also given full consideration. Sanitation of eating and drinking utensils is stressed. Laboratory work is given by technicians in the State Board of Health laboratory nearest to the student.

**BIOLOGY-ELEMENTARY ANIMAL PARASITOLOGY.** A study of those protozoan and helminthic parasites common to man in Florida; and the entomology of the house fly, mosquitoes, fleas, bedbugs, ticks, lice, etc., together with a study of means for their control.

**ELEMENTS OF CHEMISTRY.** This course is designed to familiarize the student with fundamental laws and principles of inorganic chemistry and with the more important elements and compounds and their uses in life and industry.

**FOOD AND SANITATION.** This course covers a study of foods and the proper sanitary method in their harvesting preparation and serving for health protection of the public. This course coordinates previous studies in Bacteriology, Methods of Disinfection and Sterilization, Medical Zoology, Communicable Diseases, and Personal Hygiene and Sanitation for the purpose of furnishing the student with a scientific background for the intelligent supervision and enforcement of sanitation laws for the sanitary control of eating and drinking places, dairies, canneries, oyster and crab-meat houses, and other such establishments.

**RURAL SOCIOLOGY.** A study of American rural life and the changing regions; major trends in relation to resources and problems. Rural resources of Florida; this course deals with Florida problems.

**EFFECTIVE SPEAKING.** This course is designed to assist the student, through demonstration and practice, to talk effectively to groups, a real asset in the administration of any sanitation program.

During the war emergency it is not expected that many sanitation personnel can be spared from their respective stations sufficiently long enough to permit their acquiring academic training in public health and sanitation in residence at a school of public health. This home study program is considered as a stop-gap measure or means for providing wartime training for such personnel. Its benefits are being realized, as already some two to three dozen sanitarians are enrolled and getting in their assignments. Other interested persons should communicate with the Dean of General Extension Division, University of Florida, at Gainesville, for further information.

## ★ HEMOLYSIS

by PEARL GRIFFITH, *Acting Director*  
*Bureau of Laboratories*

Hemolysis may be defined as a separation of the hemoglobin from the corpuscles producing a reddish colored serum which prevents an accurate serologic reading.

The laboratories of the State Board of Health are often unjustly criticized by some physicians because specimens of blood submitted for the Kahn test are reported "hemolysed." A serological test is performed on all hemolysed specimens if it appears at all possible that an accurate reading can be obtained. The slightly hemolysed specimens are subjected to our routine Kahn procedure. On the moderately and more advanced hemolysed specimens a microscopic flocculation test is performed. If, after performing the test the results are not clear-cut, it is reported hemolysed. During the past month more than 5,000 hemolysed specimens were received in the central laboratory. Many of these were so badly hemolysed and decomposed that no test could be made. The others were run and a report given whenever possible.

Hemolysis may be caused by physical, chemical or bacterial factors. Extremes of heat or cold will produce hemolysis. One of the commonest causes of hemolysis is delay in sending the specimen to the laboratory—we frequently receive specimens that are one or two weeks old. Bacterial growth may develop if the blood is allowed to stand for several days at room temperature and hemolysis will result. Another common cause is that the syringe and needle used in collecting the blood are not perfectly dry. A small drop of water left in the tube or syringe, alkalies or alcohol, traces of acid used in cleaning test tubes, syringes, etc., will cause hemolysis. Blood specimens should be collected in the morning before breakfast or several

hours after a meal. During digestion the blood serum is cloudy due to the presence of chyle and this will interfere with the serologic readings.

The responsibility for hemolysed specimens can seldom be attributed to the laboratories as such specimens were hemolysed before reaching us. All specimens for the Kahn test received by noon are run the day received. Those arriving in the afternoon are placed under refrigeration until the following morning. Specimens arriving on Saturday afternoon and Sunday are placed on ice until Monday. The specimens are collected each day at the postoffice by our mail truck at the earliest moment after their arrival in Jacksonville. Those arriving on the late afternoon and early evening trains are picked up by the mail truck at nine-thirty o'clock each night, including Saturdays and Sundays. These specimens are brought to the laboratory and stored in the refrigerator overnight.

Extreme care should be practiced in collecting blood specimens and in their handling prior to the laboratory examination if hemolysis is to be prevented. The suggestions given below will prove of value in preventing hemolysis.

## PRECAUTIONS AGAINST HEMOLYSIS

★ Collect the blood in the morning before the patient has had breakfast or just previous to other meals. During digestion the blood serum is cloudy due to the presence of chyle and this will interfere with the serologic readings.

★ The tube containing the blood should be allowed to stand in a slanted position until the blood clots (1 to 3 hours) and then tightly stoppered and stored in the refrigerator until it is ready for mailing. The clumping of the red cells during coagulation tends to preserve the cells and prevent hemolysis.



★ Specimens of blood should be forwarded promptly so as to reach the laboratory in the shortest time possible following their collection. During the hot weather every hour in which the specimens are enroute increases proportionately the amount and degree of hemolysis. Specimens are best taken the first or middle of the week and sent so they will not arrive in the laboratory over the week end.

★ Be sure that the needle, syringe and test tubes are perfectly clean and dry. If the syringe and needle are not dry then rinse them in a physiological saline solution—not a normal saline solution. A drop of water or alcohol may cause hemolysis. The syringe and needle used in collecting blood for a Kahn test should never be used for medicinal injections.

★ Remove the needle from the syringe before emptying the contents into the sterile test tube and discharge the contents of the syringe as slowly as possible. Discharging the blood from the syringe with great force will disrupt many corpuscles.

★ When the patient's red blood cells fragment more easily than normal, the serum can be poured off after the clot forms and this serum sent to the laboratory.

Sterile tubes are supplied by the Laboratories of the State Board of Health upon request. These tubes are furnished in individual mailing containers and in double cardboard boxes holding forty tubes. The boxes are recommended for use where large numbers of specimens are to be sent. Much time is consumed in the laboratories in opening and separating the individual mailing containers. The use of these cardboard containers eliminates a large amount of this work.

Also, when shipping large numbers of specimens the tubes can be well wrapped in paper, several tubes to a package and then packed in a large cardboard box and mailed to the laboratory. All specimens should be mailed so as to reach the laboratory in the shortest time possible after collection.



## ★ EMERGENCY MATERNITY AND INFANT CARE PROGRAM

by E. F. HOFFMAN, M.D., *Acting Director*  
*Bureau of Maternal and Child Health*

Forty-one thousand (41,000) babies were born in Florida in 1942. Seven thousand more than in 1941. Many of these babies' fathers are enlisted men who were unable to provide maternity medical and hospital care for their wives and medical and hospital care for the infants. Maternity care is given to a small portion of these families at army and navy hospitals, if they are located on bases where maternity care is included in the medical program. However, all military reservations do not provide these facilities due to lack of hospital space, lack of personnel or other reasons. This leaves thousands of expectant mothers, wives of enlisted men, without resources or money for proper prenatal, delivery and postnatal care. It leaves their babies also without proper care.

In order to provide funds to purchase maternity care for wives of men of certain grades in military service who could not obtain this care through existing facilities, Congress passed a bill which was signed by the President on March 18, 1943, allotting money to the U. S. Children's Bureau for this purpose. State health agencies who wished to participate in this program submitted a plan for emergency maternity and infant care for the wives and infants of enlisted men.

The Florida State Board of Health, through its Bureau of Maternal and Child Health, submitted a plan which has been approved by the U. S. Children's Bureau, and this plan is in effect at the present time.

### WHO IS ELIGIBLE

Through this plan medical and hospital maternity services can be purchased for any woman in the state, irrespective of legal residence, whose husband at the time of application is an enlisted man (this includes men deceased or missing in action) and in the armed forces of the United States of the

fourth, fifth, sixth, or seventh grades (army, navy, marine corps or coast guard), when similar services are not otherwise available from the medical or hospital facilities of the army or navy, or from facilities provided by or through official state or local health agencies. When circumstances require, assistance will be rendered to wives of men in the first three pay grades; however, first consideration will be given to the four lower pay grades. Pediatric and other medical, surgical and hospital care can be purchased similarly for any infant under one year of age whose father is an enlisted man as previously described.

### WHERE TO APPLY

Enlisted men's families who request care through this program make application on forms provided for this purpose by the Bureau of Maternal and Child Health, Florida State Board of Health, Jacksonville 1, Florida. These forms have been widely distributed and should be available through local health and welfare agencies, local American Red Cross chapters, prenatal clinics, military posts and through local practicing doctors of medicine. One side of the form provides for the wife's application, including her husband's serial number and the reverse side of the form is to be filled in by her attending physician. This form includes a statement by the doctor (or hospital) that the services authorized will be rendered for the amount that is paid by the Florida State Board of Health. After the form is completed it is sent to the Bureau of Maternal and Child Health. Here the application is reviewed by the medical director, or someone authorized by him, and if the patient is eligible, patient, physician and hospital are notified that care is authorized.

In order to authorize medical care, it is necessary that the physician should have forwarded to the Florida State Board of Health a written statement signifying his willingness to participate in the Emergency Maternity and Infant Care Program. Authorization can be given for medical care by physicians only after such signed statement has been received by the State Board of Health. On June 8, 1943, a letter explaining the program and including such a statement for their signature was sent to all practicing physicians in the state. However, if a physician did not receive such a letter or if any further information is desired this can be obtained through the Bureau of Maternal and Child Health, Florida State Board of Health.

## SERVICES PROVIDED

Hospital care in wards or at ward rates is provided by the program for maternity patients and infants when the attending physician feels it is needed and requests it. Care is available only in the hospitals which have agreed to participate in the program and have been approved by the State Board of Health. Hospitalization is authorized for a 14 day period. If a longer stay is necessary renewal of authorization may be given.

In an emergency, medical or hospital care may be given before an application is sent in. However, the application should be completed within twenty-four hours and forwarded to the Florida State Board of Health.

The program provides for complete medical care for maternity patients during the prenatal period, childbirth and six weeks thereafter, including operations, postpartum examinations, care of complications and the newborn infant. Nursing care in the home can be provided when necessary for the mother before, during and after childbirth and for the baby during the first year of life.

This program has been formulated for the purpose of defraying all expenses for medical and hospital care for maternity and infant patients. No funds can be used as part payment for more expensive hospital accommodations.

It has been very evident since the introduction of the program that there is a great need for such a plan. Within a few weeks there have been 215 requests for this service. At present there are 100 Florida physicians who are participating in the program.

The maternity care bill specified that the U. S. Children's Bureau has full authority for planning and administering the program, and a general plan adaptable to the several states was formulated by the Bureau. This plan did not take into consideration variations and differences in local cost of medical and hospital care. However, the plan provides that adjustments of such differences on a state or local level can and will be made when proof of such inequalities is made available to the U. S. Children's Bureau through the Florida State Board of Health. All adjustments, including medical fees, are made by the U. S. Children's Bureau and a state health department has no authority to make such adjustments.

★ RESIDENT MALARIA DEATHS AND DEATH RATES PER 100,000 POPULATION  
BY COLOR, BY COUNTIES, FLORIDA, 1942

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
STATE	48	2.5	17	1.2	31	6.0
Alachua	1	2.6	1	4.4	0	—
Baker	1	15.4	0	—	1	66.2
Bay	2	9.6	1	6.0	1	23.4
Bradford	0	—	0	—	0	—
Brevard	0	—	0	—	0	—
Broward	1	2.5	0	—	1	7.0
Calhoun	1	12.2	1	14.3	0	—
Charlotte	0	—	0	—	0	—
Citrus	1	17.1	0	—	1	59.0
Clay	0	—	0	—	0	—
Collier	0	—	0	—	0	—
Columbia	0	—	0	—	0	—
Dade	2	0.7	1	0.5	1	2.0
DeSoto	0	—	0	—	0	—
Dixie	3	42.4	1	25.1	2	64.7
Duval	3	1.4	0	—	3	4.3
Escambia	3	4.0	2	3.5	1	5.6
Flagler	0	—	0	—	0	—
Franklin	0	—	0	—	0	—
Gadsden (Ex.)	1	3.7	0	—	1	6.3
State Hosp.	0	—	0	—	0	—
Gilchrist	0	—	0	—	0	—
Glades	0	—	0	—	0	—
Gulf	0	—	0	—	0	—
Hamilton	2	20.4	1	17.7	1	24.2
Hardee	0	—	0	—	0	—
Hendry	0	—	0	—	0	—
Hernando	0	—	0	—	0	—
Highlands	0	—	0	—	0	—
Hillsborough	0	—	0	—	0	—
Holmes	1	6.5	1	6.8	0	—
Indian River	0	—	0	—	0	—
Jackson	2	5.8	1	4.5	1	8.1
Jefferson	3	24.9	0	—	3	37.5

★ RESIDENT MALARIA DEATHS AND DEATH RATES PER 100,000 POPULATION  
BY COLOR, BY COUNTIES, FLORIDA, 1942 (Continued)

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
Lafayette	0	—	0	—	0	—
Lake	0	—	0	—	0	—
Lee	0	—	0	—	0	—
Leon	2	6.3	0	—	2	12.4
Levy	3	23.9	0	—	3	62.1
Liberty	0	—	0	—	0	—
Madison	0	—	0	—	0	—
Manatee	2	7.6	2	10.3	0	—
Marion	1	3.2	0	—	1	7.3
Martin	0	—	0	—	0	—
Monroe	0	—	0	—	0	—
Nassau	0	—	0	—	0	—
Okaloosa	0	—	0	—	0	—
Okeechobee	0	—	0	—	0	—
Orange	0	—	0	—	0	—
Osceola	0	—	0	—	0	—
Palm Beach	1	1.2	0	—	1	3.5
Pasco	1	7.1	1	8.5	0	—
Pinellas	0	—	0	—	0	—
Polk	3	3.5	0	—	3	16.2
Putnam	0	—	0	—	0	—
St. Johns	0	—	0	—	0	—
St. Lucie	0	—	0	—	0	—
Santa Rosa	1	6.2	1	7.1	0	—
Sarasota	0	—	0	—	0	—
Seminole	1	4.5	0	—	1	9.3
Sumter	1	9.0	1	12.5	0	—
Suwannee	3	17.6	1	8.6	2	36.5
Taylor	0	—	0	—	0	—
Union	0	—	0	—	0	—
Volusia	2	3.7	1	2.6	1	6.8
Wakulla	0	—	0	—	0	—
Walton	0	—	0	—	0	—
Washington	0	—	0	—	0	—

EDWARD M. L'ENGLE, M.D., Director

D40

FLA STATE LIBRARY  
TALLAHASSEE, FLA

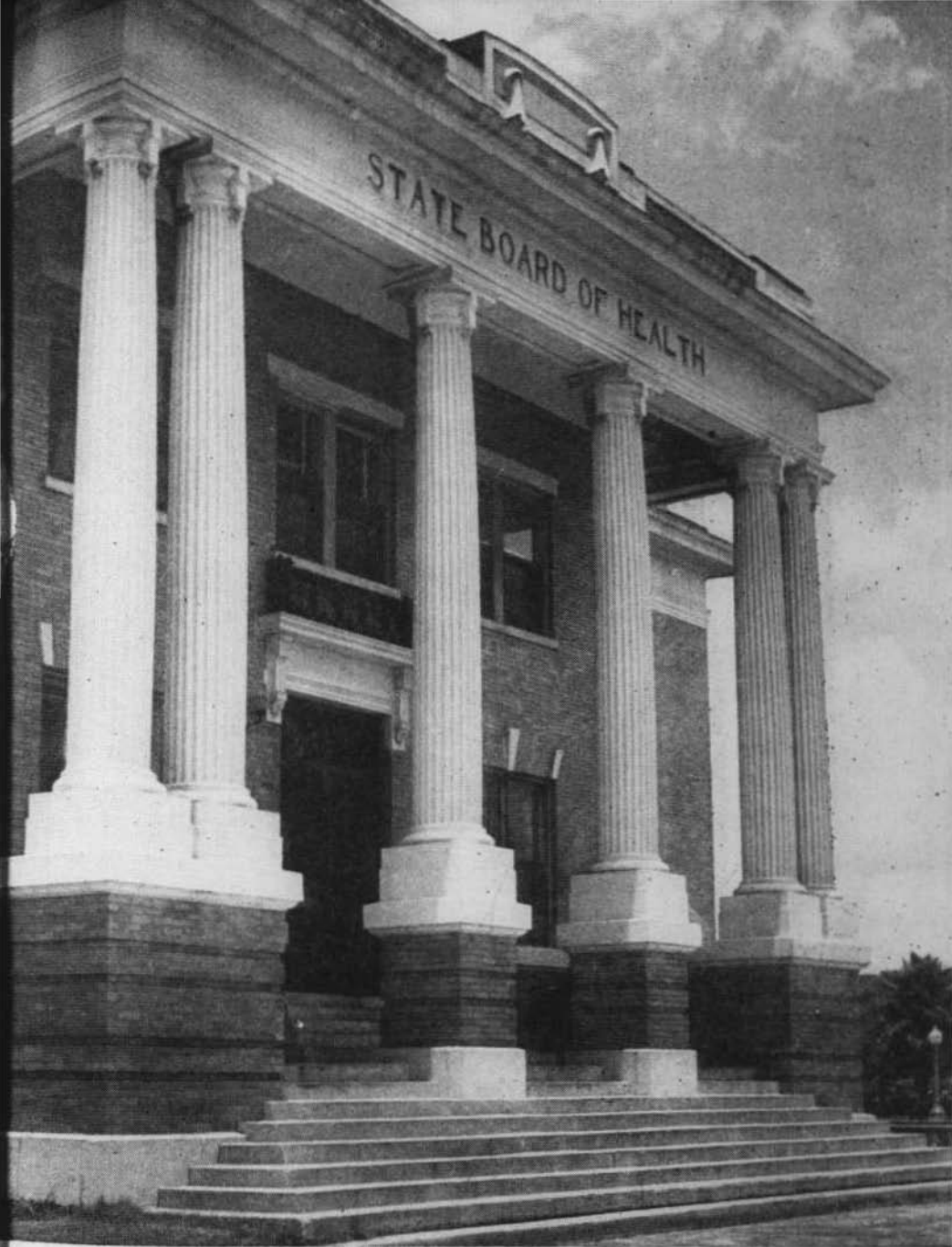
★ RESIDENT MALARIA DEATHS AND DEATH RATES PER 100,000 POPULATION  
BY COLOR, BY YEARS, FLORIDA, 1933-1942

YEARS	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
1942	48	2.5	17	1.2	31	6.0
1941	82	4.3	27	1.9	55	10.6
1940	102	5.3	42	3.0	60	11.6
1939	112	6.0	49	3.6	63	12.4
1938	166	9.2	72	5.6	94	18.9
1937	209	12.0	103	8.3	106	21.7
1936	349	20.8	159	13.3	190	39.7
1935	327	20.2	191	16.6	136	29.0
1934	440	27.7	232	20.6	208	45.1
1933	364	23.4	200	18.1	164	36.4

BUREAU OF VITAL STATISTICS

EDWARD M. L'ENGLE, M.D., *Director*





# *Florida* **HEALTH NOTES**

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • SEPTEMBER, 1943 • VOL. 35 • No. 9

# Florida HEALTH NOTES

ESTABLISHED 1912

Hon. Spessard L. Holland  
Governor of Florida

## BOARD MEMBERS

Herbert L. Bryans, M.D., President.....Pensacola  
William Parr, Ph. G.....Tampa  
Robert B. McIver, M.D.....Jacksonville

Henry Hanson, M. D.....State Health Officer

## ACCREDITED HEALTH UNITS

### STATE BUREAUS—DIVISIONS JACKSONVILLE

#### Accounting

G. Wilson Baltzell

#### Dental Health

D. H. Turner, D.D.S.  
Acting Director

#### Local Health Service

W. T. Sowder, M.D.  
Acting Director

#### Narcotics

M. H. Doss

#### Engineering

John B. Miller, Acting Director

#### Health Education

Elizabeth Fretwell

#### Laboratories

Pearl Griffith, Acting Director

#### Maternal & Child Health

E. F. Hoffman, M.D.  
Acting Director

County	Town
Baker .....	Macleenny
Bay .....	Panama City
Bradford .....	Starke
Broward .....	Ft. Lauderdale
Clay.....	Green Cove Springs
Dade .....	Miami
Duval .....	Jacksonville
Escambia .....	Pensacola
Franklin .....	Apalachicola
Gadsden .....	Quincy
Glades .....	Moore Haven
Gulf .....	Port St. Joe
Highlands .....	Sebring
Hillsborough .....	Tampa
Jackson .....	Marianna
Jefferson .....	Monticello
Lake .....	Tavares
Leon .....	Tallahassee
Levy .....	Bronson
Madison .....	Madison
Monroe .....	Key West
Nassau .....	Fernandina
Okaloosa .....	Crestview
Orange .....	Orlando
Pinellas .....	Clearwater
Polk .....	Bartow
Santa Rosa .....	Milton
Seminole .....	Sanford
Taylor .....	Perry
Volusia .....	DeLand
Wakulla .....	Crawfordville
Walton .....	DeFuniak
Washington .....	Chipley

### STATE BUREAUS—DIVISIONS JACKSONVILLE

*Public Health Nursing*  
Ruth E. Mettinger, R.N.

*Vital Statistics*  
Edward M. L'Engle, M.D.

*Epidemiology*  
E. F. Hoffman, M.D., Acting  
Director

*Tuberculosis*

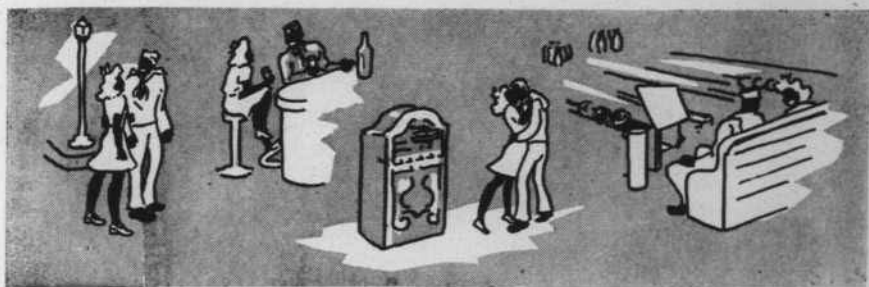
*Venereal Disease Control*  
R. F. Sondag, M.D.

*Malaria Control*  
John E. Elmendorf, Jr., M.D.

*Malaria Research*  
Tallahassee  
Mark F. Boyd, M.D.  
Rockefeller Foundation

*Entomologist*  
W. V. King, Ph.D.  
Orlando  
U. S. Bureau Entomology

Florida Health Notes, published monthly on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act. of Aug. 24, 1912.



## ★ PARENTS BLAMED FOR DELINQUENCY IN GIRLS

by R F. SONDAG, *Passed Assistant Surgeon (R) U. S. P. H. S.*  
*Director Division of Venereal Disease Control*

Much has been done since mobilization to combat venereal diseases, prostitution, and the interests which promote and profit through prostitution. A vigorous law enforcement program can eliminate the segregated and tolerated red-light district and all forms of prostitution which must be suppressed. An increasingly more difficult problem, however, is that of the good-time girl, who through misguided patriotism, becomes promiscuous and transmits venereal diseases to her soldier or sailor friend.

In 1942, according to an FBI report, prostitution and commercialized vice among minor girls rose 65 percent over 1941 and the number of teen age girls arrested for other sex offenses increased 105 percent. The nervous tension of war has promoted the clandestine meetings of juveniles in juke joints, concession stands, movies, bowling alleys, dance halls, and taverns whose operators are not too particular about serving minors. These surreptitious meetings lead to promiscuity which eventually results in the acquisition of a venereal disease and subsequent disaster.

Juvenile delinquency, clandestine prostitution, and high venereal disease rates all point to a disorderly home and to parents who have fallen down on their job. There would be no need for curfew laws to keep girls off the streets or liquor laws to keep them out of bars, if parents had the courage and stamina to tell their children to stay home where they belong. While our men are fighting on the far-flung battle fronts, we should bend every effort to encourage and develop a better home front which is one of the most important battle lines in the fight against venereal diseases. The parents of our young boys and girls are primarily responsible for holding this line.

The American home and a well-ordered family life are essential to the well-being of the nation. There is no real reason for 12, 13, and 14 year old girls, or any girl under 18, running around the streets all hours of the night, but they are doing it and parents are doing little to stop it. Many a parent has been approached on this subject and the usual answer is, "Well, they must have some fun." Roaming the streets all hours of the night, "joking" and being sexually promiscuous, ceases to be fun, as some parents have learned (only too late) when their daughter acquires a venereal disease or becomes illegitimately pregnant. Mother and Dad can settle this problem quickly if they will, but a good many parents derive the same amount of pleasure from "joking" and therefore actually contribute to the delinquency of their children, instead of taking a firm stand against it.

The necessities of war have practically made orphans of a great number of teen age boys and girls, while Dad and Mother are both working. It is not always necessary that both work, but in order to buy those "extras" which they have always wanted, Mother also takes on a war job and allows the children to shift for themselves. Children need the tender, loving care of a mother and the firm, wise discipline of a father. If parents fail in their obligations as father and mother then their children will suffer.

Along with the obligation for discipline parents have a related obligation toward these teen age children—to make their home an attractive place, a home which is friendly and to which the children can invite their friends with pride. There is safety in a home where teen ages gather to play games, to eat a “snack,” to dance, or to sing around the piano. Effort on the part of parents to plan pleasant evenings with their children’s friends can do much to make them the kind of children who do not go “juking” or wandering about the streets searching for entertainment—or spending three or four evenings a week in crowded picture houses. Discipline should be a habit and attitude training—education rather than law.

Girls will have ample opportunity after their 18th birthday to meet and share the companionship of male company. To foster or allow clandestine meetings before the legal age of consent promotes juvenile delinquency, sexual promiscuity, and infection with venereal diseases. If legal disciplinary measures were directed to negligent parents, rather than to unfortunate, misguided boys and girls, there would be less juvenile delinquency. A prostitute in most cases has a history of juvenile delinquency and sexual promiscuity, and if our wayward misguided teen age girls are left to this course, they will more than likely end up as commercialized prostitutes.

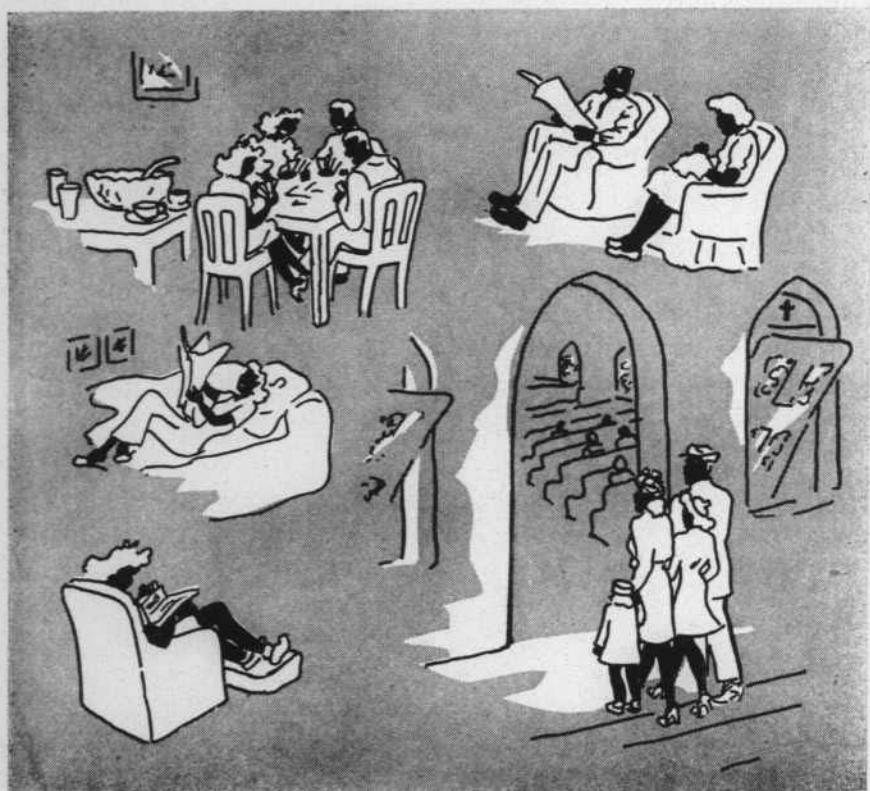
Many juveniles due to the exigencies of war have, with and without parental sanction, hastily entered the matrimonial state to enjoy the few remaining days with soldier or sailor husband before departing for foreign duty. Many girls are thereby left stranded in overcrowded, strange cities with insufficient funds to return home. A taste of the gay, social life creates a desire for more and thus this individual becomes a sexually promiscuous, misguided good-time girl. Many a catastrophe of this nature can be prevented by firm, parental guidance and advice.

Since most delinquents are the product of a broken home where parents have no sense of responsibility, every effort should be exerted to develop a better “home front” to more adequately deal with this problem. Red-light districts were abolished because they were breeding places for crime and venereal diseases and by the same token, all places and conditions which per-



mit or encourage delinquency among juveniles must likewise be abolished. The loss of life on foreign battle fronts is useless if we permit the loss of young American girls by venereal disease on the home front.

It is the parents' responsibility to instill in their children a knowledge and respect for their own bodies, as well as those of others, and to correlate this information with the moral and religious principles which guide the conduct of all Christian people throughout the world. Juvenile delinquency and widespread venereal diseases are merely symptoms of a disorderly society. When a well-organized society fails and becomes a disorderly one, then laws must be enacted to help cure the social ailments. Such laws though are poor substitutes for the discipline that should be provided in the home.





## ★ FOR BETTER HOME LIVING

by VERA WALKER, *Nutritionist*

*Bureau of Maternal and Child Health*

We read with interest and admiration the wonderful things that China has done to rebuild her industries, preserve her universities, and educate her people in the midst of war. Her slogan is "Rebuild While Resisting."

So, Florida, too, is planning to improve family living in the face of total war. In Tallahassee, this summer, a group of interested, forward-looking people worked on the problems their communities face, making plans to help their communities meet these problems squarely, and overcome them through united effort. They hope to see more clearly the problems families are facing, and how available educational resources in communities may be used more effectively to help families enjoy a better life.

In the Family Life Education Workshop were school principals, home economics teachers, elementary school teachers, Farm Security home supervisors, home demonstration agents, a school attendance officer, and nutrition chairmen of County Defense Councils. They worked under the guidance of Dr. Muriel Brown, Family Life Education Consultant for the U. S. Office of Education; Dr. Benjamin Andrews of Columbia University; and Miss Letitia Walsh of Stout Institute, with special consultation service from staff members of the College, State Board of Health, State Department of Education, Farm Security Administration, Agricultural Extension Division, State Defense Council, and other agencies and individuals concerned with family life education.

It is hoped that from the plans made at this Workshop, communities in several sections of Florida will be better able to recognize their problems, and to mobilize their own resources to meet them. It is only as communities themselves discover that they can meet their own problems, and make a concerted effort to pool the programs of agencies and individuals that we, like China, can rebuild while resisting.

## ★ THE ROLE OF THE FEDERAL SOCIAL PROTECTION DIVISION IN THE CONTROL OF VENEREAL DISEASE

by WALTER WEBSTER ARGOW, *Field Representative, Florida*

As early as 1939, when this nation began to measure the quantity and quality of its manpower, concern over venereal disease as a serious threat to our war machine grew with the medical reports from the Selective Service Boards.

A full-charge attack on the enemy already among us was ordered. Those to whom the task of lowering the rate of venereal disease was delegated, asked for the establishment of a government organization to help in the fight of bringing about a nationwide suppression of professional and unorganized prostitution. Accordingly, there was created in March, 1941, the Social Protection Division in the Office of Community War Service.

Established to aid both military and civilian officials in controlling prostitution and venereal diseases, the Division stands in a liaison position on the one hand encouraging the local community to solve its own problems, giving advice when asked or needed, and on the other hand informing the military officers of community conditions and attitudes concerning vice control. Its role is mainly that of promoter of good working relations and developer of better working plans.

When the suppression policy was first announced by the Federal Security Agency, there were people who said it couldn't be done, and there are still those who say "it's no use," in spite of *Time* magazine's report of March 29, 1943 that "... 350 communities throughout the U. S. have closed their hitherto condoned houses of prostitution. Only a year ago 75% to 90% of venereal disease cases were incurred in such houses."

We realize there is a vast territory lying between necessarily abstract pronouncements in Washington and the actual job of controlling venereal disease in Florida. It is this gulf that I wish to bridge, and I come immediately to the simple question of "What do we do to help in this venereal disease battle?"

### The Purpose of the Social Division is to:

1. "Gather and evaluate information relative to prostitution and related conditions."—Such information pertaining to the agencies and personalities responsible for supporting programs, the policies of the community, and a discussion of helpful and harmful factors and situations involved. The report serves as a guide to the field representative in carrying out his operations. National measures are suggested from accumulated reports from all sections of the country.
2. "Gather and appraise information relative to the statutory and administrative measures designed to combat prostitution and related conditions, including (a) the extent to which such measures are enforced, and (b) the results achieved."

Often the police are hampered by poorly phrased or inadequate laws; but frequently the laws are there, but are not being enforced. We must know what the real situation is, and act accordingly. If the laws are inadequate, the town council should be asked to pass necessary ordinances. These requests should come from local groups, with the Social Protection representative lending assistance in the mechanics. The new anti-prostitution laws recently passed by the Florida Legislature will be valuable tools for the venereal disease control.

3. "Investigate local requests for community facilities funds related to the social protection program."

The Social Protection Division is not a "fund-getting" agency. We merely investigate and report on what the

community has done for itself, and how severely overtaxed are its present facilities. Thus, we are certain our funds are used only for suppression programs.

4. "Encourage legal and social measures for the protection of girls and women from prostitution and related hazards for the social re-direction of those who have become involved in prostitution."

This involves the application of a variety of techniques ranging from formal public hearings to friendly private conversations. What we do depends entirely upon the presence and conditions of the local social facilities. We recommend the employment of policewomen and the establishment of facilities to re-direct those women who already have been found guilty of prostitution.

5. "Secure action by law enforcement officials for the repression of prostitution in areas indicated by Army and Navy reports to be especially dangerous to military and naval personnel from the venereal disease viewpoint."

This is one of the basic purposes for which our agency was created. Progress has been made but there is still too much "talk" instead of action. Close cooperation with local army and navy officials and health officers is important. It is they who have the facts as to sources of infection. To be effective the program requires not only patrolling of districts but a plan of preventive policing as well.

In Florida we are confronted in almost every community by the challenging problem of professional and unorganized prostitution in the Negro districts, where the highest incidence of disease usually lies. No great strides can be made in reducing the local infection rate until these districts are brought under control.

6. "Bring to the attention of the military or naval authorities the continued failure of local enforcement in areas which may affect the health of Army and Navy personnel."

Most communities, once properly informed of the need of effective enforcement, will do their part to assist in venereal disease control. However, there are places right here in Florida which are not doing good jobs. It is, therefore, our responsibility to determine whether the particular community is hopelessly overwhelmed by the problem, is being non-cooperative, or is wilfully negligent of its role in this phase of war effort. Procedure is then up to the local military or naval commanding officer—in the manner prescribed by War Department Circular No. 12.

7. "Encourage community organization in the repression program with particular reference to localities of military stations or war industries."

Dovetailing with point number 4, results may be obtained through coordinational conferences between the military and civilian, health and enforcement officials, representatives of judiciary and social agencies.

8. "Engage in measures to improve technique of police, community agencies and others in matters relating to the repression and prevention of prostitution and the reduction of venereal disease."

Every conceivable resource is tapped, and aid comes in the manner of public endorsement. New ideas on control and new programs are worked out and offered for the local officials. For instance, the Florida Cottage and Trailer Park Association has issued a bulletin to their membership and other tourist park operators to "—refrain from stooping to engage in 'local business' or in accepting transients they might deem suspicious as legitimate man and wife."

Because many enforcement officials and social agencies are honestly unaware of the latest methods being used in prostitution suppression, a pamphlet on more modern suppression techniques has been released by the International Association of Chiefs of Police and the National Sheriffs Association. Further material will be issued shortly.

It is intended however, that this will be used merely as a suggested guide, because we feel that the citizens and officials in the local American community have enough ingenuity and public spirit to deal with the problem of curtailing prostitution.



## ★ 1943 LEGISLATION AGAINST PROSTITUTION AND VENEREAL DISEASES

After mobilization and America's entry into the war, every city and county in Florida became an important military area, and with the influx of military and naval personnel, Florida's normal venereal disease problem became greatly aggravated. This, in turn, was accompanied by an influx of commercialized prostitutes, known to be the primary spreaders of venereal diseases, particularly among the members of the armed forces.

It was necessary for most drastic steps to be taken in many instances to protect the military personnel, so that the number of manpower days lost from the venereal diseases could be kept to the absolute minimum. Florida's laws against prostitution or the interests which derive their profits against prostitution, as provided in the state statutes, were found inadequate. The enactment of laws to effectively deal with prostitution and venereal disease control was strongly recommended by public health committees, the army, navy, and U. S. Public Health Service, as well as other interested organizations.

In the spring of 1943 a receptive and alert Florida Legislature provided the necessary laws whereby army, navy, health and civilian authorities could deal a smashing blow to the diseases which are rotting our communities and sapping the vitality of our men in uniform. Many of the laws deal with prostitution and the quarantine of individuals with a venereal disease in State Board of Health Hospitals provided for that purpose; others deal with selectees rejected because of venereal disease and related problems. A resume of these laws is given in the following pages.

### CHAPTER 21948 (No. 314)\*

**An Act relating to quarantine and treatment of persons infected with venereal disease, authorizing health officers to quarantine such persons in hospitals operated for that purpose, requiring sheriffs and chiefs of police to deliver certain infected persons to health officers for quarantine and treatment, providing for the transportation of such infected persons to places of quarantine and providing for payment of expenses incident thereto.**

\*General Laws of Florida, 1943.



Section 1 of this law authorizes health officers to commit persons infected with venereal disease for quarantine and compulsory treatment in the quarantine hospitals provided for that purpose by the State Board of Health. Section 2 authorizes and directs sheriffs and chiefs of police to transfer to the custody of any county or municipal health officer, any person charged with or convicted of any misdemeanor who is infected with any venereal disease for the purpose of quarantine and treatment in the quarantine hospitals operated by the State Board of Health for that purpose. Section 3 authorizes persons infected with venereal diseases to be transported by the sheriff or chief of police or their deputies to the quarantine hospitals, such transportation to be paid by the county or municipality involved. Section 4 provides that in the event persons infected with venereal diseases cannot be received in the quarantine hospitals, the health officer may cause such persons to be isolated, quarantined, or treated in the jail of the county or city where such person resides. Section 5 provides that the sheriffs of the several counties of the state shall receive the same fees and mileage for service rendered under this act as are prescribed for like service in criminal cases, such fees and mileage to be paid out of the fine and forfeiture fund of the county involved.

#### CHAPTER 21664 (No. 30)\*

**An Act defining and prohibiting lewdness, assignation and prostitution, making it unlawful to engage in, solicit, procure for, aid, or abet, lewdness, assignation or prostitution, providing for the admission in evidence of certain testimony in trials hereunder, and providing penalties for the violation of the provisions of this act.**

Section 1 of this act defines the terms "prostitution, lewdness and assignation." Sections 2 and 3 prohibits lewdness, assignation and prostitution, making it unlawful to engage in, procure for, aid, or abet lewdness, assignation or prostitution. Section 5 provides that any person violating any provisions of this act shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by fine of not more than \$500.00 or imprisonment for not more than 6 months, or by both such fine and imprisonment.

#### CHAPTER 21663 (No. 29)\*

**An Act making it unlawful to let or rent any place for the purpose of prostitution, lewdness, or assignation, prescribing penalties for violations of this act, and repealing all laws in conflict herewith.**

Section 1 of this act provides that it is unlawful to let or rent any place, structure or part thereof, trailer or other conveyance, with the knowledge that such place, structure, trailer, or conveyance will be used for the purpose of lewdness, assignation or prostitution. Section 2 provides that anyone violating this act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not to exceed \$500.00 or by imprisonment not to exceed 6 months, or by both such fine and imprisonment.

\*General Laws of Florida, 1943.

## CHAPTER 21661 (No. 27) \*

**An Act prohibiting compulsory prostitution, prescribing penalties for violations of this act, and repealing all laws in conflict herewith.**

Section 1 provides that it shall be unlawful to force, compel, or coerce another to become a prostitute. Section 2 provides that anyone violating this act shall be deemed guilty of a felony and upon conviction thereof shall be punished by a fine not to exceed \$1,000.00 or by imprisonment not to exceed 5 years in the State Penitentiary, or by both such fine and imprisonment.

## CHAPTER 21662 (No. 28) \*

**An Act making it unlawful to live off the earnings of a prostitute, providing penalties for violations of this act, and repealing all laws in conflict herewith.**

Section 1 provides that it shall be unlawful for anyone to live off the earnings of any other person with the knowledge or reasonable cause to believe that such earnings are derived from prostitution. Section 2 provides that anyone violating this act shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not to exceed \$500.00 or by imprisonment not to exceed 6 months, or by both such fine and imprisonment.

## CHAPTER 21660 (No. 26) \*

**An Act to amend Section 511.05, Florida Statutes, 1941, relating to revocation of license of hotels, apartment houses, rooming houses and restaurants, by adding as an additional ground for such revocation, any violation of the law against prostitution, lewdness or assignation.**

"Section 511.05 REVOCATION OF LICENSE. The Hotel Commissioner, upon reasonable notice, may close and revoke the license of any hotel, apartment house, rooming house or restaurant operating in violation of any of the provisions of this chapter, the rules and regulations relating thereto, or the violation of any of the provisions of the law defining and prohibiting lewdness, assignation and prostitution. Such hotel, apartment house, rooming house or restaurant shall remain closed until such violation has been corrected and the Hotel Commissioner has reinstated said license; provided, however, no hotel may be closed and its license revoked hereunder for any violation of the law defining and prohibiting lewdness, assignation and prostitution unless the operator, manager, or other person in charge of said hotel has been convicted of such violation in a court of competent jurisdiction and the time for an appeal therefrom has elapsed without an appeal being taken, or, if an appeal is taken, the same has resulted in an affirmance of such conviction by an appellate court of last resort."

\*General Laws of Florida, 1943.

**CHAPTER 22023 (No. 389) \***

An Act to provide for the protection of hotels, apartment houses, tourist camps, motor courts, restaurants, rooming houses and trailer courts, and for the ejection therefrom of persons or guests who are intoxicated, or immoral, or profane, or lewd, or brawling, or who shall indulge in language or conduct either such as to disturb the peace and comfort of other guests of the above mentioned places, or such as to be injurious to the reputation, dignity, or standing of same, or who, in the opinion of the management is a person whom it would be detrimental to such above mentioned places for it any longer to entertain, and to provide for oral and written requests to depart from such hotel, apartment house, tourist camp, motor court, restaurant, rooming house or trailer court and to make it illegal and a misdemeanor for any such guest to remain on the premises after being requested to depart and to provide rights and remedies in such cases.

**CHAPTER 21657 (No. 23) \***

An Act to amend Section 384.06, Florida Statutes 1941, relating to reports of venereal disease cases to the State Board of Health by requiring subsequent reports concerning treatment and care.

"Section 384.06 PHYSICIANS, ETC., TO REPORT VENEREAL DISEASE CASES TO STATE BOARD OF HEALTH. Any physician or other person who makes a diagnosis in, or treats a case of venereal disease, or any superintendent or manager of a hospital, dispensary, or charitable institution, in which there is a case of venereal disease, shall make a report of such case to the State Board of Health or to the local health officer representing the State Board of Health, and subsequently if such infected person ceases to take treatment for such venereal disease from the original reporting source prior to his or her being cured or rendered non-infectious, as determined according to competent medical authority, such fact shall likewise be reported to the State Board of Health or said local health officer, according to such form and manner and at such times as the State Board of Health shall direct by rule and regulation adopted by it."

**CHAPTER 21658 (No. 24) \***

An Act to amend Section 384.10, Florida Statutes 1941, relating to reports of venereal disease cases to State Board of Health, by providing that such reports shall be used by State Board of Health in enforcing compulsory treatment laws.

"Section 384.10 REPORTS OF VENEREAL DISEASE CASES TO BE FILED IN STATE BOARD OF HEALTH OFFICE NOT SUBJECT TO PUBLIC INSPECTION. All reports of cases of venereal disease shall be filed in a safe or some place of safe keeping in the office of the State Board of Health, and shall not be subject to public inspection. No clerk or officer of the State Board of Health shall give out any personal in-

\*General Laws of Florida, 1943.

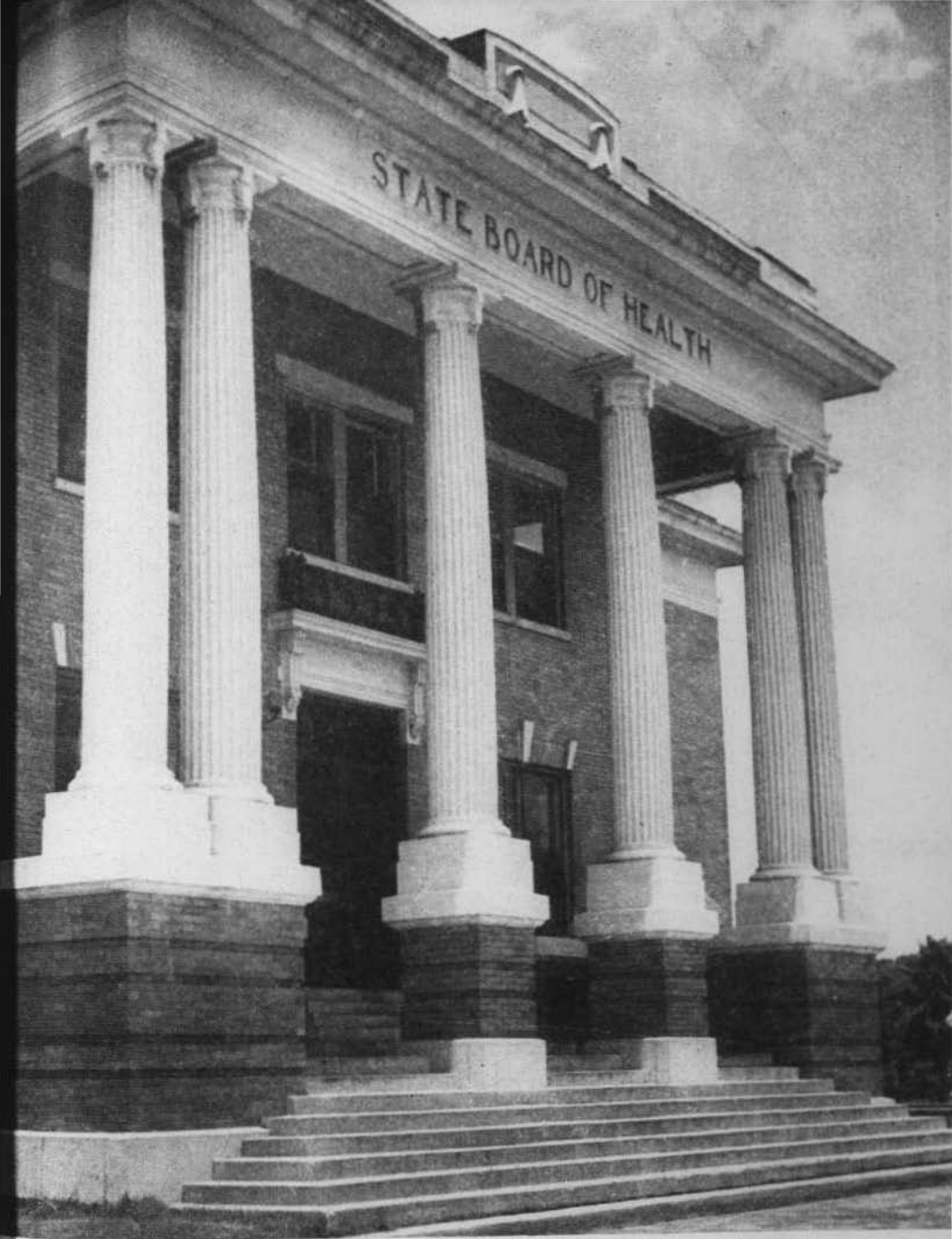
formation as to such reported cases, except upon the demand of the judge of a court empowered to deal with the operation of this law; nor shall the reports of cases of venereal disease be made to the State Board of Health, or any city or county board of health, except in a sealed, stamped envelope which shall be furnished the physicians of the State without cost to them by the State Board; provided, however, that all such reports shall be available to said State Board of Health and may be used by it for the purpose of requiring persons so reported as being infected with venereal disease to take treatment therefor as required by law."

#### CHAPTER 21659 (No. 25)\*

**An Act requiring all persons rejected or deferred for military service who are infected with venereal disease to report to venereal disease clinics operated by the State Board of Health and take treatment from private physician or at public expense, prescribing prima facie evidence of such infection, and providing penalties for violations of this act.**

Section 1 provides that all selectees rejected or deferred because of infection with a venereal disease shall immediately report to the nearest venereal disease clinic operated by the State Board of Health and furnish satisfactory proof to the health officer in charge that such person is taking treatment and will continue to take treatment for such venereal disease from a reputable physician until cured, or submit to treatment at public expense. Section 2—"Notice from any local draft board of selective service to a venereal disease clinic operated by the State Board of Health, that the person named therein is infected with a venereal disease, shall constitute prima facie evidence in the courts of this state that such person is infected with a venereal disease, and his refusal to report to the venereal disease clinic, as provided in Section 1 hereof, after receipt of notice to report from said venereal disease clinic, shall constitute a violation of this act, and such person shall be deemed guilty of a misdemeanor, and upon conviction thereof he shall be punished by a fine of not more than five hundred dollars (\$500.00), or by imprisonment for not more than six (6) months, or by both such fine and imprisonment."

\*General Laws of Florida, 1943.



# *Florida* **HEALTH NOTES**

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • OCTOBER, 1943 • VOL. 35 • No. 10



# Florida HEALTH NOTES

ESTABLISHED 1899

Hon. Spessard L. Holland  
Governor of Florida

## BOARD MEMBERS

Herbert L. Bryans, M.D., President.....Pensacola  
William Parr, Ph. G.....Tampa  
Robert B. McIver, M.D.....Jacksonville

Henry Hanson, M. D.....State Health Officer

## ACCREDITED HEALTH UNITS

**STATE  
BUREAUS—DIVISIONS  
JACKSONVILLE**

*Accounting*  
G. Wilson Baltzell

*Dental Health*  
D. H. Turner, D.D.S.  
Acting Director

*Local Health Service*  
W. T. Sowder, M.D.  
Acting Director

*Narcotics*  
M. H. Doss

*Engineering*  
John B. Miller, Acting Director

*Health Education*  
Elizabeth Fretwell

*Laboratories*  
Pearl Griffith, Acting Director

*Maternal & Child Health*  
E. F. Hoffman, M.D.  
Acting Director

County	Town
Baker .....	Macleenny
Bay .....	Panama City
Bradford .....	Starke
Broward ....	Ft. Lauderdale
Clay.....	Green Cove Springs
Dade .....	Miami
Duval .....	Jacksonville
Escambia .....	Pensacola
Franklin .....	Apalachicola
Gadsden .....	Quincy
Glades .....	Moore Haven
Gulf .....	Port St. Joe
Highlands .....	Sebring
Hillsborough .....	Tampa
Jackson .....	Marianna
Jefferson .....	Monticello
Lake .....	Tavares
Leon .....	Tallahassee
Levy .....	Bronson
Madison .....	Madison
Monroe .....	Key West
Nassau .....	Fernandina
Okaloosa .....	Crestview
Orange .....	Orlando
Pinellas .....	Clearwater
Polk .....	Bartow
Santa Rosa .....	Milton
Seminole .....	Sanford
Taylor .....	Perry
Volusia .....	DeLand
Wakulla .....	Crawfordville
Walton .....	DeFuniak
Washington .....	Chipley

**STATE  
BUREAUS—DIVISIONS  
JACKSONVILLE**

*Public Health Nursing*  
Ruth E. Mettinger, R.N.

*Vital Statistics*  
Edward M. L'Engle, M.D.

*Epidemiology*  
Lucille J. Marsh, M.D.

*Tuberculosis*  
E. J. Teagarden, M.D.

*Venereal Disease Control*  
R. F. Sondag, M.D.

*Malaria Control*  
John E. Elmendorf, Jr., M.D.

*Malaria Research*  
Tallahassee  
Mark F. Boyd, M.D.  
Rockefeller Foundation

*Entomologist*  
W. V. King, Ph.D.  
Orlando  
U. S. Bureau Entomology

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act. of Aug. 24, 1912.

## ★ SEWAGE TREATMENT MUST COME!

### *Bureau of Sanitary Engineering*

The discharge of raw or inadequately treated sewage into the waters of this State must end. Although construction of adequate sewage treatment works is now generally an impossibility because of wartime restrictions, this is the time to talk about, think about, and definitely plan for these much needed improvements.

Approaching this problem from a public health viewpoint, several communicable diseases are sewage-borne, notably typhoid fever and dysentery. Although there is at this time no epidemiological evidence of the transmission of virus diseases by sewage, the demonstration of poliomyelitis virus (infantile paralysis) in stools of patients and carriers and in sewage makes the question at least pertinent. Discharging raw sewage into our streams, tidal waters, and lakes, increases the possibility of spread of sewage-borne diseases. In this connection, from a public health viewpoint, shellfish operations and public bathing places are involved. **The solution is sewage treatment.**

The oyster industry in this state is of very considerable value. Our oysters are as good as any obtainable in this country. Many of our commercial oyster beds are located near cities which are not adequately treating their sewage, necessitating careful attention and numerous pollution surveys by the Bureau of Sanitary Engineering of the State Board of Health.

When conditions warrant, certain oyster areas are condemned since contaminated oysters when consumed raw may transmit communicable diseases of enteric origin. When an area is condemned the shellfish industry is notified and warning signs posted in that area, but this does not completely solve the problem. Cases of typhoid fever have been traced to raw

oysters eaten by picknickers, who unknowingly obtained the oysters from a condemned area. **The solution is sewage treatment.**

One of the principal assets of Florida is its lakes, streams and beaches. It is no doubt a major attraction to our numerous visitors. Discharging raw sewage into these bodies of water not only presents a public health hazard to the bather, but decreases the economic value of the body of water to the respective municipality. Would one knowingly bathe in a body of water if raw sewage was being discharged nearby, or if raw sewage caused obnoxious sights and odors? **The solution is sewage treatment.**

If tremendous quantities of raw sewage are discharged into certain streams, the stream becomes unsightly, odorous and the oxygen content falls below the necessary amount to support fish life. This is, of course, an extreme case, but it can happen. **The solution is sewage treatment.**

Now is the time for us to take stock of the situation. It is apparently the major opinion that we face a postwar building program. Every city of Florida is entitled to have, and with good management, is able to pay for an adequate sewage treatment plant and thus be able to dispose of its wastes in a manner that endangers or offends neither its own nor its neighboring citizens.

★ In discussing the examination of children for tuberculosis, let it be stressed once again that any plan that embraces the young folks and neglects pre-employment and periodic testing and chest X-raying of teachers, janitors, food handlers and other adult personnel is incomplete, unsound educationally, dangerous and destined to overlook probably the most potential as well as the most potent sources of tuberculosis within the institution. Additionally, a program that examines the positive reactor without tracking back to the source of his infection is equally unfinished and open to criticism.\*

\*Charles E. Lyght, M. D. *N. T. A. Bulletin*, May, 1943.

# ★ THE TUBERCULOSIS REGISTRANT AND THE PUBLIC HEALTH NURSING PROGRAM IN FLORIDA

CLIO McLAUGHLIN, R. N., *Nursing Consultant*  
*Bureau of Public Health Nursing*

As most of us know, one of the great essentials, if not the greatest in the control of tuberculosis, is finding the case early. Treatment of the active case is still important as much for the removal of the infection as for the arrest of the disease, but early recognition means the first step in breaking the chain of infection; though finding the early case is not always such an easy thing to do. In the past two years, however, the nursing service has been presented with one of the greatest case-finding programs that workers have ever known through the examinations of selectees and enlisted men.

This is not only a case finding aid, but it presents a great opportunity for health education in tuberculosis; as a check-up on the inductee means a hundred per cent check-up on the entire family of the individual which in turn often discloses a case otherwise undiscovered.

This phase of the public health nursing program requires a vast amount of time and travel as many of those reported live in the rural districts, away back and beyond.

The set-up for this program briefly is as follows: When an individual is notified to report for service in any branch, he is examined by the doctors on the examining board. This examination includes an x-ray of the chest and lungs, and the physical findings are reported to the local Selective Service Board, who in turn reports all cases of communicable disease found among the inductees to the State Board of Health with a request for follow-up on the persons reported. The nurse then makes a visit to the home of the selectee at this time ascertaining as to whether there is a family physician in attendance. If so, a call is made to the doctor and the case referred to him; if not, then the nurse assists the patient in getting another x-ray in

order to verify or not (as the case may be) the diagnosis of the small x-ray done by the examining board and also to see that the family of the inductee is x-rayed giving nursing and medical care if needed.

Frequently when the lists of rejected inductees due to tuberculosis are referred to the State Board of Health very little information is given, probably no more than the man's name and the county in which he resides. Also, often by the time that the lists are received, the individual has moved from the address given without leaving a forwarding address. Therefore, quite a bit of detective work is necessary in order to locate the man and his family.

To sight an instance in February, 1941, a Negro selectee was referred to us as living in Daytona Beach, Florida. A visit by the nurse to the Negro quarters revealed that he received his mail at a certain boarding house but no one knew where he worked or what his employment was. A note was left by the nurse explaining the nature of the visit and where she would be in order to see him.

He did not report but wrote and said he was sick. He gave no address, however, the envelope of his note had an address x-ed out. With a little washing, the ink was erased and the name of the man's employer was revealed. A visit was then made to his employer, only to find that the man had gone to another county to visit relatives as he was ill and hoped to improve. The nurse in that district was asked to look into the case. Being given the information that a patient of the same name living in the same county had been dismissed a few days before from the State Tuberculosis Sanitorium, she made a call to that home and found that the sanitorium case was a sister of the selectee, that a brother had died of tuberculosis, and that also living in the home, was another sister and a niece. All members of the household were x-rayed and remained under observation.

Another case reported from Chipley, Florida—Investigation proved that the selectee had gone to a district entirely across the State. His father, mother, nine sisters and brothers and a baby expected lived in Chipley but little was known of the boy except that he was living in this place the last that was heard from him.



The district was visited by the nurse. The postmaster stated that the man had been there but left about two months ago without leaving any address. Not feeling satisfied with this information, the nurse drove to the Negro quarters and found that the boy was working at the air base.

Where was the air base? Out that way about three miles. The nurse arriving at the air base found that the timekeeper was in Jacksonville. Then contacting one of the overseers, a trip through the woods being cleared for the air base was made and finally the man was located. He was told to report at a nearby hospital for x-ray.

Arrangements were made with the authorities at the hospital for the service. The local Selective Service Board was conferred with in order to secure their services in finding the man. The x-ray was taken and the plate sent to the State Board of Health to the director of the Tuberculosis Division for interpretation. The picture showed a tuberculous condition, activity doubtful. Then a series of sputum tests were advised to assist in the diagnosis. This case is still being followed.

While a number of those referred are found not to have tuberculosis, almost invariably the investigation reveals that the patient has been closely associated with an unknown case.

Our objective in this program is to find the case, hospitalize it, if it is a case for hospitalization. A far advanced case is not usually considered for hospitalization where sanatoria is limited, except as a means of protecting the public when the prognosis is poor; the bed occupied by such a patient might be filled by someone with an incipient case where the outlook for improvement would be hopeful.

If the case is too far advanced then the nurse must help in arranging for the care of the individual at his home and in assisting the family of the patient in having medical and nursing care where needed..

As has been shown the nurse must be on the alert at all times to recognize clues that might reveal valuable information regarding the inductee and his family condition, in order to render adequate service; for not only is this program important as a defense measure but for the community at large and it must be recognized as such.

# N O P H N

## AN OPEN LETTER TO FLORIDA NURSES

**N**URSES in Florida have joined their professional organization, the National Organization for Public Health Nursing, to the number of one hundred and twenty in 1943. This is a slight gain over 1942, but it is not nearly enough for the growing number of nurses engaged in the different fields of Public Health in the state.

**O**UR membership fees help to pay N. O. P. H. N. staff salaries, help to provide the magazine, and help us with the knowledge that we are a recognized part of a practical, hard-working national unit. Organization problems, industrial health service, school health needs, expanded maternal and child health programs, strategy to prevent a rising curve of tuberculosis, the demands of an active venereal disease control campaign—will we ever catch up?

**P**LANNED programs help and among the best tools available to us are the articles and studies in the magazine, *Public Health Nursing*, and reprints and loan folders free to N. O. P. H. N. members.

**H**ONOR rolls in the magazine have carried fewer Florida names this year. Perhaps we have been too busy to notify 1790 Broadway of 100% membership or perhaps nurses have shifted too rapidly to get the entire staff enrolled at any one time.

**N**OW is the time to plan for 1944. Bills for membership will be coming along in November and if paid promptly will save sending out reminders. Those who intended to join this year but just didn't get to it can send in 1944 membership dues in October and have the advantage of an added three months membership. **LET'S STRENGTHEN PUBLIC HEALTH NURSING FOR THE HOME FRONT.**

MARY W. MATTHEWS, R. N.  
*State Membership Representative.*

## ★ LOCAL HEALTH DEPARTMENT AND THE NATIONAL NUTRITION PROGRAM

by VERA WALKER, *Nutritionist*  
*Bureau of Maternal and Child Health*

A surgeon of the U. S. Public Health Service, visiting the Jacksonville office of the State Board of Health recently, told of a visit to a county health department in another southern state. He asked the director if malnutrition were much of a problem in his communities. "No," said the director, "we don't have very much of it." Yet the surgeon found pellagra in the same town, and some children who were good examples of malnutrition playing in the street three blocks from the health department.

If the U. S. P. H. S. surgeon were to ask the same question of a director of a county health department in Florida, he would not get the same reply. Health department officials are aware of the large number of people in their communities who are not fed as well or as wisely as they should be.

They cannot tell you the number of cases of malnutrition, as they might the number of cases of venereal disease. For we have nothing as simple as a blood test for determining malnutrition. But health department officials are recognizing that much of the dry, scaly skin, granulated eyelids, aching muscles and joints, nervousness, and other vague complaints and ills they meet is due to nutritional deficiencies. And they are doing something about it. In order for people to be well-fed, they must know what foods they need to eat, and then eat them. Next in importance to being convinced that one should eat vegetables, for instance, is being able to get them. Health departments are joining with other agencies in urging their communities to plant gardens and to produce all the food they can—and they are practicing what they preach! You should hear the directors brag about their gardens, and the nurses boast about their home canning (as well as their gardens)!

*Public Health Reports* for May 21, 1943, lists some ways that local health departments can help solve the nutrition problems existing in their territories. Briefly, the suggestions are:

1. Learn what other agencies are doing and have done in the area.
2. Affiliate with the local nutrition committee.
3. Study the nutritional status and needs of the area from medical and public health angles, and help other agencies in this regard.
4. Distribute and interpret nutrition teaching materials.
5. Have a planned program for staff education in nutrition within the department or in cooperation with other agencies.
6. Exert a stabilizing influence, and interpret sound nutrition practices to the public, avoiding fads and extremes.
7. Make an effort to increase the interest of local medical and dental professions in local nutrition problems and practical solutions.
8. Interpret local nutritional conditions to the public through talks, newspaper articles, radio programs, etc.
9. Develop nutritional education facilities for patients who attend public health clinics. In some places it may be advisable to establish clinics to deal primarily with nutrition problems.
10. Develop a library on nutrition subjects.
11. Encourage public eating places to serve better food—from the standpoints of selection and preparation.
12. Encourage civic clubs to sponsor programs which will improve the nutrition status of groups within the community.
13. Advise and sponsor feeding facilities in connection with nursery and day-care programs.
14. Stress nutrition in school health programs:
  - a. Cooperate with teachers, PTA's, and lunchroom managers in improving school lunches.
  - b. Sponsor cooperative school lunches.
  - c. Where there are no school feeding facilities, encourage the preparation of good packed lunches.
  - d. Watch for and stress nutritional deficiencies in physical examinations of school and pre-school children.
  - e. When practical, conduct or sponsor demonstrations with school children showing results of good nutrition.
  - f. Sponsor "sampling surveys" of school children for nutritional status. One such survey of high school children showed 54 percent with spongy gums. Those children with the worst gums drank two glasses of grapefruit juice at school every day for a week. At the end of this short period, 76 percent of the spongy gums had healed or were much improved.

## ★ VENEREAL DISEASE CLINICS IN REVIEW

by ELIZABETH STEIL, *Supervising Nurse for  
V. D. Clinics, Bureau of Public Health Nursing*

Sixty-two of Florida's 67 counties now have venereal disease clinics which offer diagnostic and treatment service. This is double the number of clinics which were in operation in 1941. Likewise, the number of patients examined and treated in these clinics has jumped—from 13,000 in 1941 to 31,000 in 1943.

The advent of war brought to light many of these "new" cases when hitherto unsuspected cases of syphilis were found by Selective Service and rejected for military service. But widespread education of the public by public health officials concerning syphilis and gonorrhea was beginning to make large-scale case finding activities more effective before the war. The people were becoming aware of these diseases as great national menaces warranting much needless cost to the nation:

**\$31,000,000 a year for syphilitic mental cases.**

**10,000,000 a year for the syphilitic blind.**

**300,000,000 a year for lost time and efficiency of syphilitics.**

With Selective Service figures revealing the high incidence of syphilis threatening our manpower resources, however, public officials, civic, religious, and social workers, and law enforcement groups, put forth greater efforts to maintain the health of military men and civilians alike—both vitally important in winning the war.

One of the first steps in controlling syphilis and gonorrhea was the enactment and enforcement of better laws for social protection; another was the fight against prostitution, known as the greatest source of infection.

Federal funds were made available to a much greater extent and this made possible the establishment and operation of more clinics throughout the State. Most of them are operated in conjunction with city and county health departments



where State and Federal funds have supplemented local allotments for their maintenance.

A venereal disease clinic was set up usually in the most populated district of the county and some counties now have as many as nine clinics. The minimum personnel for the clinic consists of a director who is a doctor of medicine and oftentimes the city or county health officer; an assistant with nursing or technical training; and a clerk. Many clinics have lay-investigators, prepared for the work by a brief course of training, to investigate the contacts of clinic patients.

**The doctor**, besides directing the clinic activities, examines the patient and supervises the treatment. He observes the patient's response to the treatment and finally discharges the patient, after informing him of the importance of continued examinations.

**The nurse or technician** assists the doctor in examining and treating patients; interviews the new patient, trying to gain his confidence and cooperation in finding contacts and preventing spread of the infection; and observes unusual symptoms or reactions which she reports to the doctor. The nurse also is responsible for operating the clinic, for the care of equipment and supplies, and for maintaining order.

**The clerk** in the clinic is the first to see the patient and must convey to him the friendly interest of the clinic personnel. She must have enough knowledge about venereal diseases to answer the usual questions asked. She is also responsible for taking and filing the case histories accurately and well.

**The lay investigator** or follow-up worker talks with the patient soon after his first visit and obtains information as to the source of his infection and to whom it may have been transmitted. Assurance that his confidence will be respected helps in winning his cooperation, and oftentimes the investigator helps him solve other problems.

Consistent education for the patient is planned. First, his misconceptions and superstitions about venereal diseases are discussed. He is told that a "strain" or "clap" is the

same as gonorrhea and that "bad blood," "siff," or "pox" is the same as syphilis. His tension and anxiety is then relieved when he learns that if continuous treatment is followed in the clinic he will be cured. Later an attempt is made to awaken a sense of responsibility to others by explaining the far-reaching effects upon our social structure of these uncurbed communicable diseases.

In establishing county venereal disease clinics the Division of Venereal Disease Control of the State Board of Health works in close cooperation with city and county officials, and throughout the operation of the clinics the trained medical personnel of the Division offers much valuable assistance to the clinic workers. The State Nursing Consultant also assists in the planning and operation of the clinic and through periodic visits she stimulates the interest and enthusiasm of the personnel.

The clinics are designed to place emphasis on early syphilis, syphilis in pregnancy, and on gonorrhea—which represent a major part of the public health problem in the control of these diseases. Late syphilis and the other venereal diseases are of primary economic importance, but control of these is best accomplished by (a) prevention and (b) adequate treatment in the early stages.

Florida should be proud of its venereal disease clinics—the number throughout the state, the splendid work being carried on, and the fine cooperation of city and county organizations. With these modern facilities for diagnosis and treatment and with the encouragement of the people, public health workers have been greatly heartened that Florida's high venereal disease rate will no longer be known as "one of the highest in the nation."

---

LOCAL HEALTH DEPARTMENT PROGRAM, CONTINUED FROM PAGE 170

No local health department could do all the things suggested in this list. Many of our health departments are doing a number of the suggested activities.

There are groups of people in any community which health departments can reach better than any other agency. By working with the other agencies who are attacking the nutrition problem from one angle or another, we may eventually reach the last family down the road, and the family that works for the last family down the road.

# RESIDENT BIRTHS AND BIRTH RATES PER 1,000 POPULATION BY COLOR, BY COUNTIES, FLORIDA, 1942

COUNTIES	TOTAL		WHITE		COLORED	
	Births	Rate	Births	Rate	Births	Rate
STATE	40675	21.3	29298	21.0	11377	22.0
Alachua	920	23.8	541	23.8	379	23.7
Baker	164	25.2	107	21.4	57	37.7
Bay	715	34.2	607	36.5	108	25.3
Bradford	308	35.3	244	37.6	64	28.7
Brevard	241	14.9	155	14.2	86	16.2
Broward	786	19.3	424	16.1	362	25.4
Calhoun	216	26.3	187	26.8	29	23.3
Charlotte	51	13.9	40	13.4	11	16.3
Citrus	102	17.4	64	15.4	38	22.4
Clay	188	29.1	126	26.6	62	35.7
Collier	82	16.0	66	20.0	16	8.8
Columbia	356	21.0	218	21.0	138	21.1
Dade	4908	18.0	3878	17.5	1030	20.4
DeSoto	209	26.8	167	26.9	42	26.3
Dixie	167	23.6	109	27.3	58	18.8
Duval	5269	24.9	3780	26.4	1489	21.6
Escambia	2435	32.2	1962	33.9	473	26.6
Flagler	44	14.6	17	10.2	27	20.2
Franklin	140	23.4	91	22.8	49	24.5
Gadsden (Ex.)	611	22.7	187	16.9	424	26.7
State Hospital	26	5.2	24	7.5	2	1.1
Gilchrist	97	22.8	83	23.0	14	22.0
Glades	44	16.0	21	12.6	23	21.3
Gulf	190	26.6	143	30.5	47	19.2
Hamilton	247	25.3	140	24.8	107	25.9
Hardee	210	20.7	198	21.0	12	16.6
Hendry	121	22.8	92	27.0	29	15.2
Hernando	127	22.5	94	23.2	33	20.6
Highlands	264	28.6	212	29.0	52	26.7
Hillsboro	4164	23.0	3514	23.5	650	20.5
Holmes	358	23.1	344	23.4	14	18.2

# RESIDENT BIRTHS AND BIRTH RATES PER 1,000 POPULATION BY COLOR, BY COUNTIES, FLORIDA, 1942

(Continued)

COUNTIES	TOTAL		WHITE		COLORED	
	Births	Rate	Births	Rate	Births	Rate
Indian River	158	17.6	106	16.8	52	19.4
Jackson	862	25.0	560	25.4	302	24.3
Jefferson	289	24.0	81	20.1	208	26.0
Lafayette	81	18.4	73	18.3	8	18.6
Lake	447	16.4	294	15.0	153	20.1
Lee	366	20.9	286	21.1	80	20.1
Leon	809	25.4	416	26.4	393	24.4
Levy	282	22.5	178	23.1	104	21.5
Liberty	82	21.9	62	21.9	20	21.6
Madison	426	26.3	187	22.1	239	30.9
Manatee	507	19.3	328	17.0	179	25.9
Marion	602	19.3	334	18.9	268	19.7
Martin	101	15.9	59	14.5	42	18.5
Monroe	402	28.5	327	28.3	75	29.2
Nassau	262	24.0	182	25.1	80	21.9
Okaloosa	412	31.8	383	32.5	29	24.9
Okeechobee	75	25.0	67	27.4	8	14.3
Orange	1376	19.5	1045	19.5	331	19.3
Osceola	141	13.9	107	13.3	34	16.5
Palm Beach	1389	17.1	813	15.5	576	19.9
Pasco	303	21.5	245	20.7	58	25.3
Pinellas	1203	12.9	902	11.4	301	18.4
Polk	1875	21.6	1444	21.1	431	23.2
Putnam	374	20.0	204	18.8	170	21.6
St. Johns	394	19.6	233	17.9	161	22.6
St. Lucie	264	22.0	135	17.1	129	31.3
Santa Rosa	333	20.7	300	21.2	33	17.0
Sarasota	297	18.3	226	17.9	71	19.8
Seminole	348	15.6	163	14.1	185	17.2
Sumter	248	22.4	161	20.1	87	28.2
Suwannee	437	25.6	265	22.8	172	31.4
Taylor	229	19.8	166	21.0	63	17.1
Union	139	19.6	112	22.3	27	13.1
Volusia	728	13.5	484	12.4	244	16.5
Wakulla	126	23.1	81	22.4	45	24.4
Walton	272	19.1	230	18.7	42	21.1
Washington	276	22.4	224	22.3	52	23.0

EDWARD M. L'ENGLE, M.D., Director

FLA STATE LIBRARY  
TALLAHASSEE, FLA  
D40

FLA STATE LIBRARY  
TALLAHASSEE, FLA

# RESIDENT BIRTHS AND BIRTH RATES PER 1,000 POPULATION BY COLOR, FLORIDA, 1933 - 1942

YEARS	TOTAL		WHITE		COLORED	
	Births	Rate	Births	Rate	Births	Rate
1942	40,675	21.3	29,298	21.0	11,377	22.0
1941	37,351	19.5	26,622	19.1	10,729	20.7
1940	33,696	17.6	23,805	17.1	9,891	19.1
1939	32,437	17.5	22,771	16.9	9,666	19.0
1938	31,101	17.3	21,764	16.8	9,337	18.7
1937	29,529	17.0	20,593	16.5	8,936	18.3
1936	28,116	16.7	19,782	16.5	8,334	17.4
1935	28,058	17.3	19,596	17.1	8,462	18.0
1934	26,722	16.9	18,616	16.6	8,106	17.6
1933	25,647	16.5	17,587	15.9	8,060	17.9

BUREAU OF VITAL STATISTICS

EDWARD M. L'ENGLE, M.D., *Director*





# *Florida* **HEALTH NOTES**

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • NOVEMBER, 1943 • VOL. 35 • No. 11

# Florida HEALTH NOTES

ESTABLISHED 1899

Hon. Spessard L. Holland  
Governor of Florida

## BOARD MEMBERS

Herbert L. Bryans, M.D., President.....Pensacola  
William Parr, Ph. G.....Tampa  
Robert B. McIver, M.D.....Jacksonville

Henry Hanson, M. D.....State Health Officer

## ACCREDITED HEALTH UNITS

**STATE**  
**BUREAU—DIVISIONS**  
**JACKSONVILLE**

*Accounting*  
G. Wilson Baltzell

*Dental Health*  
D. H. Turner, D.D.S.  
Acting Director

*Local Health Service*  
W. T. Sowder, M.D.  
Acting Director

*Narcotics*  
M. H. Doss

*Engineering*  
John B. Miller, Acting Director

*Health Education*  
Elizabeth Fretwell

*Laboratories*  
Pearl Griffith, Acting Director

*Maternal & Child Health*  
Lucille J. Marsh, M.D.

County	Town
Baker .....	Macclenny
Bay .....	Panama City
Bradford .....	Starke
Broward .....	Pt. Lauderdale
Clay.....	Green Cove Springs
Dade .....	Miami
Duval .....	Jacksonville
Escambia .....	Pensacola
Franklin .....	Apalachicola
Gadsden .....	Quincy
Glades .....	Moore Haven
Gulf .....	Port St. Joe
Highlands .....	Sebring
Hillsborough .....	Tampa
Jackson .....	Marianna
Jefferson .....	Monticello
Lake .....	Tavares
Leon .....	Tallahassee
Levy .....	Bronson
Madison .....	Madison
Monroe .....	Key West
Nassau .....	Fernandina
Okaloosa .....	Crestview
Orange .....	Orlando
Pinellas .....	Clearwater
Polk .....	Bartow
Santa Rosa .....	Milton
Seminole .....	Sanford
Taylor .....	Perry
Volusia .....	DeLand
Wakulla .....	Crawfordville
Walton .....	DeFuniak
Washington .....	Chipley

**STATE**  
**BUREAU—DIVISIONS**  
**JACKSONVILLE**

*Public Health Nursing*  
Ruth E. Mettinger, R.N.

*Vital Statistics*  
Edward M. L'Engle, M.D.

*Epidemiology*  
Lucille J. Marsh, M.D.

*Tuberculosis*  
E. J. Teagarden, M.D.

*Veneral Disease Control*  
R. F. Sondag, M.D.

*Malaria Control*  
John E. Elmendorf, Jr., M.D.

*Malaria Research*  
Tallahassee  
Mark F. Boyd, M.D.  
Rockefeller Foundation

*Entomologist*  
W. V. King, Ph.D.  
Orlando  
U. S. Bureau Entomology

Florida Health Notes, published *monthly* on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act. of Aug. 24, 1912.

## IN FORMER DAYS . . .

When I came to Florida in 1909 there was no school health program similar to what we have today. At that time the State Health Officer had three assistants; one, Hiram Bird, who spent most of his time in the office, and two men who traveled the State extensively, devoting most of their time to investigating outbreaks of smallpox and performing vaccinations. In addition, there were a number of county agents whose work resembled somewhat that of the county health officers today. There were no nurses or sanitary officers. Later the State was divided into five districts and a sanitary engineer was added to the staff. Then in 1915 a tuberculosis nurse was added and this was the beginning of public health nursing in Florida.

On returning to the State in 1927 I found there had been added a Nursing Division, a Bureau of Epidemiology and five district health officers. At this time there was a definite health program in the schools consisting largely of Schick testing and general immunizations for typhoid and smallpox.

Previous to World War I whenever a case of diphtheria occurred in a community the children of an entire school were swabbed and an effort was made to clear up the diphtheria carriers. This was one of the most important advances made insofar as diphtheria control was concerned.

Each field man started his work usually by a talk in the schools. Sometimes in rural districts there was a moving picture truck from which health pictures were shown. These were silent and the operator lectured as the films were run off. Cards were sent out to parents for permission to test the children for susceptibility to diphtheria and to vaccinate those not protected. This was the beginning of the present program of immunization.

The school health program at present differs from that described in previous years and the districts have, to a certain extent, been replaced by county health units. Unfortunately there are many counties at this time which have no health service, but the American Public Health Association has suggested that these counties be organized into districts.

Florida knew many problems in establishing a modern school health program, but each year saw greater progress being made. Now in this issue of *Health Notes* we present several important phases of Florida's school health program today.

HENRY HANSON, M. D.

*Florida State Health Officer*

*healthful school living  
health service  
health instruction*

## ★ FLORIDA'S SCHOOL HEALTH PROGRAM

by ELIZABETH FRETWELL, *Director*  
*Bureau of Health Education*

In this issue of *Health Notes*, which is devoted to a discussion of school health problems, it seems fitting to include a brief review of the background of the recommended school health program for Florida. The program, which in published form is Bulletin 4 of the Florida Program for Improvement of Schools Series, is a joint effort of the State Department of Education and the State Board of Health.

Its beginnings go back to a conference on school health problems called by Superintendent Colin English in the summer of 1939. Participants in the conference included the State Health Officer, members of the State Board of Health and of the State Department of Education staffs, faculty representatives of the University of Florida, Florida State College for Women, University of Tampa, University of Miami, and members of the Florida Committee on Courses of Study. This group, together with representatives from every large statewide civic group and with delegates from the Florida Medical, Dental and Nursing Associations, agreed in conference that a plan should forthwith be drawn up. It was agreed by the State Department of Education and the State Board of Health that publication of the bulletin outlining the plan would be a joint financial responsibility and that promotion of the program as outlined would also be jointly assumed. The Florida Tuberculosis and Health Association cooperated by contributing sufficient funds to pay for the attendance and help of nationally recognized school health education authorities in the preparation of the bulletin. Miss Fannie Shaw, member of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, participated in the conference and gave continuous and invaluable aid to the school health plan. The conference was in direct charge and under the guidance of Mr. Joe Hall, Consultant in Health and Physical Education, State Department of Education.

Out of this conference, held at the University of Florida during the early weeks of August 1939, came the first edition

of Bulletin 4, titled *Plans for Florida's School Health Program*. Since that time every effort to promote the adoption of the plan throughout the state has been made.

By May 1942, the 5,000 copies of the first edition of the bulletin had been exhausted and it became necessary to have an additional supply. It was decided that considerable revision and extension of the bulletin was necessary. During the spring and summer of 1942 a group of health education leaders gave special attention to the preparation of the revised edition. Practical advice and assistance was given by teachers and public health workers from many towns and counties in the state where the school health program had been in effect. The revised Bulletin 4, is in consequence, a vastly improved and tested production. It has been widely distributed in all counties; and on the local level, Boards of Education and county and city health departments are co-operating in working out their school health problems.

The plan as outlined in Bulletin 4 is not iron-bound, but is very flexible. The principles expressed are those accepted as sound by school health education authorities. The plan is adaptable to Florida situations and is simply intended as a guide to an adequate school health program in any local area.

Definite needs have been high-lighted during the years since the publication and use of the school health plan. Outstanding is the need for additional training in school health education methods for both teachers and public health workers. Another need is for health instruction materials which can be made available to schools. Considerable progress has been made in filling this need. Source units for the use of teachers have been prepared by the health education workshops both at the University of Florida and the Florida State College for Women. These deal with major Florida health problems and include units on hookworm, malaria, tuberculosis, dental health and sanitation. Effort has been made to keep the material simple, practical, and strictly "down the line" on our local health problems.

Local school administrators and directors of local health departments are the ones in whose hands lies the responsibility for maintenance of an adequate school health program consisting of healthful school living situations, health service and health instruction. Through them the interest and encouragement of the class room teacher concerning the health needs of the children in her charge can be developed and maintained.

Class room teachers are being encouraged by the public health doctors and nurses to observe their pupils for health needs and by a "screening" process to single out those children most obviously in need of physical examination and correction. Then after conference with the nurse, definite steps are taken to reach the home situation of these children and to ef-



fect help for them. Health problems which bring themselves to the attention of the teacher through her observation of the children offer definite suggestions for health instruction needs, as well as for health service needs from the local health department.

It was my privilege recently to visit three schools in one of our counties. One was an elementary school.

The school building was very clean, the boys and girls toilet rooms were both clean and tidy. Paper towels and soap were in evidence. In one classroom the period was devoted to a lesson on one of the communicable diseases. The classrooms were clean. The children's desks, which were adjustable, seem to have been adjusted for each child, because each sat with his feet comfortably on the floor. The windows were open both from the top and the bottom, the shades likewise. There was a thermometer in the room which stood at 70°. The teacher was leading the lesson in such a manner and with such skill that it was obvious she had both interest and information in her subject. The children were participating in the discussion with animation. Around the room were posters which the children had made as a part of the health instruction program.

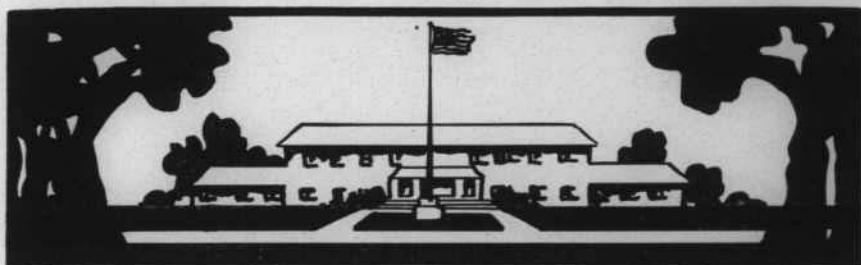
The second school was a junior high school.

The tenth grade biology class was considering the problem of tuberculosis. They were learning the facts about tuberculosis and about the tuberculosis problem in Florida, not from simply listening or being exposed to a "lecture", but through skilled lesson planning by the biology instructor, and through democratic class discussion. The teacher had had available to her, the newly prepared source unit on tuberculosis. The pupils had used the excellent supplementary material available from their county health department and from their local tuberculosis association. A film about tuberculosis had been shown to the class as a part of the instruction.

The last was a senior high school.

A mathematics teacher was "integrating" health instruction through the use of current vital statistics of that county. The number of tuberculosis deaths and cases was being spotted on graph paper. The rise and fall of rates as compared with state and U. S. figures was shown. It was health education as well as a lesson in graph making.

Florida's plan for an adequate school health program of health service and health instruction is at work. It entails enormous responsibility both on our schools and on our local health departments. The interest and encouragement of local community groups is very necessary to the success of the program for better health for Florida children. Florida's school health plan is a three-way affair. The home, the school and the community are all involved. With these three sources working together, year upon year, the outcome for Florida children seems certain and promising.



## ★ THE SCHOOL HEALTH SERVICE

by E. F. HOFFMAN, M.D., *Director*  
*Bureau of Epidemiology*

"In the life struggle for self betterment it is the expressed or unexpressed desire of any parent that his children learn to live fuller, richer, healthier, and happier lives than he was able to live. With this inherent desire our forebears established the institutions of learning, hoping that their children, their children's children, and the children of the less informed and economically handicapped might learn better how to live."

Today the school health service, set up as part of the general community health service, is initiated and provided as a part of an educational demonstration in healthful living. We no longer think of the child as being sent to school for the purpose of merely learning subject matter. He is now sent to school to learn how to live and school experiences today are designed to teach or demonstrate the best standards of every day living. Children must be as fit physically, mentally and emotionally as possible, if they are to profit by their school experiences.

Ignorance or the economic status of the parents frequently results in a lack of interest in the early care and training of the infant and preschool child, so that today children enter school unable to adjust themselves to the ever increasing physical, social and economic demands set up by our modern school standards. Many of these children have definite problems which frequently continue to exist throughout their lives. These problems often need more attention than is given them in the home.

The health service today, however, is primarily designed for prevention rather than the rendering of needed

correctional services. Its object is to impress upon the parent, child and community the necessity of accepting and practicing certain health attitudes designed to promote health.

The school health services are included in the general public health program primarily for their educational value. Every service should be rendered in a way that parents and children become self-directing in the evaluation of their own life situations and in accepting the responsibility of maintaining their own health, insofar as they are economically able to do so. At the same time the school health service should make the individual aware of his or her needed contribution toward providing a community health service, which will be available for the solution or adjustment of health problems when circumstances make it economically impossible to employ private medical service.

The school health service is the combined responsibility of the school authorities, the family physician, the parent-teacher association and the health authorities. This responsibility not only includes the school child, but progressively the prenatal, natal, postnatal, infant and preschool care of the child.

There must be real understanding and appreciation of the principles and methods to be exercised and a sincere spirit of cooperation between both school and health personnel.

**THE SCHOOL SHOULD NOT BE CALLED UPON TO ASSUME THE RESPONSIBILITY WHICH RIGHTFULLY IS THAT OF THE PARENT.** For example, if the parent allows his sick child to attend school with a communicable disease, he is endangering the health, and possibly the lives, of many other children. Therefore, every parent should carefully observe each child before he leaves for school each morning.

Any child showing symptoms of illness should be kept at home until fully recovered. This will, in the event the child is proven to be ill from communicable disease, prevent the disease being spread to others. *Perfect daily attendance should not be stressed to the extent of endangering the health of the child or his schoolmates.*

**IN THE SAME WAY THE HEALTH DEPARTMENT PERSONNEL SHOULD NOT BE CALLED UPON TO PERFORM DUTIES IN THE SCHOOL WHICH SHOULD BE TAKEN BY SCHOOL PERSONNEL.** Bus drivers should know the early signs of communicable diseases so they can observe the children carefully when they enter the bus. Those apparently not well should be directed to return home immediately.

Playground supervisors who conduct before-school programs can, by similar observation, frequently prevent ill children from entering the classroom in the morning.

**EVERY CHILD ON ARRIVAL IN THE CLASSROOM SHOULD BE OBSERVED AGAIN AND DURING THE DAY FOR SIGNS OF COMMUNICABLE DISEASE BY THE TEACHER.** Any child thought to be ill should be isolated until arrangements can be made to send him home. The parents of the child who should be notified immediately, should assume the responsibility of taking the child home and securing medical attention. School personnel should not take the responsibility of calling a physician and the health department personnel should not be expected to take the child home, unless all other means have been exhausted.

The teacher should know, as well as be able to teach the children facts relating to communicable diseases and their prevention. Children should know and practice such basic principles for the avoidance of infection, as frequent hand washing, proper use of handkerchief, use of sanitary drinking fountains, or individual drinking cups, and proper housekeeping for maintaining cleanliness of the school.

**ALL CHILDREN, BEFORE THEY REACH THE AGE OF ONE YEAR, SHOULD BE IMMUNIZED AGAINST COMMUNICABLE DISEASES AND AS FREQUENTLY THEREAFTER AS ADVISED BY THE FAMILY PHYSICIAN.** Immunizations should be those of vaccination against smallpox, and injections of toxoid against diphtheria, whooping cough and typhoid fever, where necessary. When these protective measures have not been given for economic or other reasons, health authorities should provide this service in connection with the health examinations of infants, preschool and school children.

**TEACHERS AND ALL SCHOOL PERSONNEL, INCLUDING CLERKS, JANITORS, BUS DRIVERS, CAFETERIA WORKERS AND OTHERS WHO ARE IN ANY WAY IN CONTACT WITH SCHOOL CHILDREN SHOULD BE THOROUGHLY EXAMINED AT LEAST ONCE A YEAR.** Upon the receipt of an official report of the examination by a physician and his recommendation for certification the State Health Officer will issue a health certificate to those physically fit. Likewise a health certificate will be granted to children when required for regular school attendance or for re-admission following a communicable disease.



## SELECTION OF PUPILS FOR HEALTH EXAMINATIONS

Today the school child health examination service providing for the examination of selected groups of children, is considered more practicable because it enables a greater percentage of professional service to be given to the most needy children. The fact that there are fewer doctors and nurses serving the civilian population during wartimes and the fact that they are also much busier, makes the thorough examination of every school child an impossibility. Medical personnel, on the other hand, should be able to examine the greatly reduced number of children selected by teachers and nurses as most in need of an examination. These selections are made by the classroom teacher with the assistance of the public health nurse by a "screening" procedure.

Screening procedures, whereby the teacher selects the pupils most in need of school health examinations, should by no means be considered a substitute for the regular health examination of each child by his family physician. The school health instruction program should be directed toward the pupil's development of health practices which include a thorough health examination by a competent physician, at least annually and whenever a need arises, regardless of the degree and frequency of school health examinations.

Screening procedures are not diagnostic. The teacher should not attempt to diagnose, nor give medical advice and treatment, but should select the children whom he believes are most in need of professional diagnosis, advice and treatment. Careful teacher selection (by the screening procedure) is recommended as a method of securing health examinations for the pupils with the greatest needs, leaving those who are regularly examined by the family physician to receive less urgently needed attention later.

It is important for many reasons that the teacher participate in the selection of pupils for school health examinations. The teacher is not only thoroughly capable of performing the simple recommended screening procedures; but fulfillment of these responsibilities gives the teacher a keener awareness of the health status of each pupil, makes the teacher more observant of each child's health practices and attitudes, and provides the basis and encouragement for more sound health guidance and instruction than is usually true when nurses and physicians conduct all examination procedures. More directly conscious of specific health needs of the children, the teacher will be



more likely to conduct adequate and sound health teaching. The screening process itself provides important educational opportunities which are apt to be lost unless the teacher does participate in these health services and takes full advantage of the teaching possibilities.

The school administrator is responsible for planning the screening program in his school. Health authorities should be contacted and arrangements made for the examination of students selected. The county nurse should be asked to attend a faculty meeting early in the school year to explain and demonstrate the recommended screening procedures. Local health authorities may differ in the type of screening preferred and recommendations may vary, but school administrators should be sure that the screening procedures are in accordance with the advice of cooperating medical and health authorities.

The screening procedures are simple and can be followed easily by any member of the school teaching staff:

**THE CLASSROOM TEACHER** in elementary grades should be responsible for screening and for keeping the records of his own pupils.

**THE HOMEROOM TEACHER** in departmentalized grades, or a teacher designated by the principal, should be responsible for screening a definite group of children, so that all children are included.

**THE PHYSICAL EDUCATION TEACHERS** can be asked to conduct certain phases of the screening program. Their records should not only be kept for physical education purposes, but also should be recorded on the child's regular health examination form or on his cumulative guidance record.

For conducting the screening program all teachers and administrators should be thoroughly familiar with Chapter IV, entitled "Health Service", in *Florida's School Health Program* (Bulletin No. 4), published jointly by the State Department of Education and the State Board of Health and revised in the spring of 1943. This bulletin describes in detail the teacher's responsibility for keeping health records on the official health examination record form or on the official cumulative guidance record. Directions for conducting vision and hearing tests and for weighing and measuring are also given. Another source of suggestions for the screening program is *The Selection of Pupils for Public Health Examinations*, available upon request from the Bureau of Health Education, State Board of Health, Jacksonville 1, Florida.

## ★ THE PHYSICIAN IN THE SCHOOL

by LUCILLE J. MARSH, M.D., *Director*  
*Bureau of Maternal and Child Health*

The concept of the value and function of the school health examination by a physician has changed greatly in the past years. No longer is the examination an end in itself. No longer do we point with pride to the number of examinations done—to the number of defects found and often found again, year after year.

The emphasis has shifted from quantity to quality especially in these times of physician shortage; and the health examination itself has come to be recognized as only the first step in the health training of the child and the correction of his defects.

The children most in need of medical attention are selected by the nurse from those screened by the teacher. Then when the physician examines this smaller number he has more time to give to the individual child. He can concentrate his efforts on finding poor health habits, gaps in parental knowledge about health practices, as well as defects which hamper learning.

The presence of one or both parents at the examination is important. It is usually a good plan to tell the parents they may request an examination; then notify them when the physician will be at the school, so one of them may be there. Although at first the presence of the parent may slow up the examination, this is more than compensated by the value of the personal interview with the parent and the demonstration of a good examination. The history gained from a short talk with the parents may reveal a disorder such as epilepsy, diabetes, or the like which is not obvious in the child.

The health examination often brings to light physical defects that can be corrected, but unless the parents are made cognizant of the need for such correction the examination can easily be a waste of effort and time. This can best be done by the conference between the parent and physician, followed by a visit from the nurse.

Some defects such as cardiac disability cannot be corrected and adjustments in living will have to be made to compensate for them. In either case, the main function of the school physician should be an educational one.

The physician does not attempt in a school examination to make a close differential diagnosis. Such careful diagnosis as well as treatment should be the function of a private physician. But the school physician should recognize his educational responsibility and should give the guidance in health matters for which the community looks to him.



## ★ THE NURSE AND THE SCHOOL HEALTH PROGRAM

by LOUISE KINCAID AND ENID MATHISON,  
*Consultant Nurses, Bureau of Public Health Nursing*

Recently the place of the public health nurse or a full-time school nurse in the school health service has undergone a decided change. In the past school nursing was frequently considered a specialized service; however, in present day public health practice an independent school health service, like other specialized public health programs, is no longer recommended.

Nurses employed as full-time school nurses should make sure that their programs are formulated and developed in such a manner that health supervision is provided all children and their families having health problems, rather than devote her time to a program of rendering first aid and doing mass inspections in the school.

The nurse will find it helpful if a faculty health committee is immediately appointed in each school which will be responsible for first aid care of children who become ill and who will arrange for the isolation and transportation of these children to their homes. The community school should not expect the nurse to render these services. Teachers on this committee should have a course in First Aid. If the faculty does not include a person trained in First Aid, arrangements should be made by the nurse to provide First Aid instructions for them.

Instead of spending her energies within the school itself the nurse should devote her time to visiting the homes of the children with health problems. Child health problems usually have their origin in the home and only by securing the adjustment of home situations can these problems be solved.

In developing a modern school health program the nurse must first of all interpret it to the teacher and school officials whose interest and cooperation is of paramount importance. The nurse must explain the objectives and procedures connected with the school health service rendered as part of the general public health program. This may be done at a group meeting of the school faculty.

Each teacher who is associated with thirty or forty children for eight hours a day, eight months a year, is in a strategic position to observe the physical, mental and social growth of each and every child. She can also observe any apparent deviations from normal. With the assistance of the nurse she learns to evaluate each child's defects and "screen out" the children with the greatest needs for medical and nursing attention, thus saving much professional time for activities requiring more technical skill.

An explanation of the importance of the school Health Record\* and the Florida Cumulative Guidance Record of the State Department of Education and an interpretation of their use should be made to each teacher, for the health records are her responsibility. The nurse should explain how one or the other of these records containing complete health data, immunization and communicable disease history should be made out for each school child. The nurse should demonstrate how to do the vision and hearing test on each child and show the teacher how to record her observations. The school health records should be filed alphabetically in her desk in readiness for periodic notations during her continuous observations of each child throughout the school term. These notations, together with those made by the nurse following her conferences with the teacher and her visits into the child's home will contribute much valuable information toward directing the efforts of the parents, teachers, nurse and physician in the solution of the child's problems.

The teacher-nurse conference provides an opportunity for the nurse to assist the teacher in evaluating their observations and to discuss and outline the needed adjustments in the child's school and home life to meet his particular needs. The nurse, as health counselor, determines whether the assistance of a physician will be necessary for these adjustments. If such service is indicated, the child is referred for examination to his private physician, or other diagnostic community child health

---

\*Form CHW 3 available from the State Board of Health.



services such as public health clinics or hospital out-patient departments rendering school health service.

Responsibility for the selected child's attendance at the private physician's office or clinic, rests with the parent. A home visit by the nurse following the selection of a child to be examined provides an opportunity to impress upon the parents the importance of their attendance at the time of their child's examination. Only if the parent is present can the physician evaluate the health status of the child as it relates to his school and home life and discuss with the parents the need for adjustments or physical corrections.

The nurse is responsible for the follow-up supervision of each child. It is through her work with these children and their families that the nurse makes her greatest contribution to the school health program. The school child's health problems often serve as an entree for the nurse into a home where there are other infant and preschool children requiring attention. When their problems are solved they serve to insure a greater number of physically fit children entering school each year.

The school child is an integral part of both the home and school situation and the one cannot be considered without considering the other. He is a product of home environment and in order to improve his health status, the home situation must frequently be improved also. By improving family health standards, school health problems will be diminished.

In order to render adequate supervision the nurse must be cognizant of all community facilities and state agencies providing professional medical service for correctional work. In cases where families are financially unable to secure the needed medical care, the nurse assists in arranging for the provision of this care through charity or public expense. Much of her health supervision consists of acquainting families with good health attitudes and practices. In reality the nurse is a family educator or counselor.

In summary the public health nurse's function in the school health program is to assist the teacher in "screening out" the children with health problems; correlating these findings with home conditions, and through re-education of the family and the community, secure such correction of remedial defects of the individual and adjustments in his environment as will solve his problems.



040  
TALLAHASSEE, FLA  
FLA STATE LIBRARY

---

**THE SCHOOL HEALTH SERVICE—Continued from page 187**

Especially in selecting children for participation in the more strenuous physical education activities being emphasized for the civilian defense and fitness program, administrators and teachers are urged to read Chapter III, "The Selection of Pupils for Training", in *Physical Fitness Through Physical Education for the Victory Corps*\*, Pamphlet No. 2 of the Victory Corps Series United States Office of Education.

Although this bulletin is issued primarily for high schools in which physical fitness is sponsored through the Victory Corps, the chapter mentioned above gives excellent suggestions to all teachers for selecting children for health examinations. Naturally the same observable symptoms which are danger signs to high school students participating in strenuous physical activity are also danger signs for elementary school children whose exercise programs may or may not be adjusted to their individual needs.

---

\*Available from U. S. Government Printing Office, Washington, D. C.  
25 cents.



# *Florida* **HEALTH NOTES**

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH

JACKSONVILLE • DECEMBER, 1943 • VOL. 35 • No. 12

# Florida HEALTH NOTES

ESTABLISHED 1898

Hon. Spessard L. Holland  
Governor of Florida

## BOARD MEMBERS

Herbert L. Bryans, M.D., President.....Pensacola  
William Parr, Ph. G.....Tampa  
Robert B. McIver, M.D.....Jacksonville

Henry Hanson, M. D.....State Health Officer

## ACCREDITED HEALTH UNITS

County Town

Baker .....Macclenny  
Bay .....Panama City  
Bradford .....Starke  
Broward ....Ft. Lauderdale  
Clay....Green Cove Springs  
Dade .....Miami  
Duval .....Jacksonville  
Escambia .....Pensacola  
Franklin .....Apalachicola  
Gadsden .....Quincy  
Glades .....Moore Haven  
Gulf .....Port St. Joe  
Highlands .....Sebring  
Hillsborough .....Tampa  
Jackson .....Marianna  
Jefferson .....Monticello  
Lake .....Tavares  
Leon .....Tallahassee  
Levy .....Bronson  
Madison .....Madison  
Monroe .....Key West  
Nassau .....Fernandina  
Okaloosa .....Crestview  
Orange .....Orlando  
Pinellas .....Clearwater  
Polk .....Bartow  
Santa Rosa .....Milton  
Seminole .....Sanford  
Taylor .....Perry  
Volusia .....DeLand  
Wakulla .....Crawfordville  
Walton .....DeFuniak  
Washington .....Chipley

## STATE BUREAUS—DIVISIONS JACKSONVILLE

*Accounting*  
G. Wilson Baltzell  
*Dental Health*  
D. H. Turner, D.D.S.  
Acting Director  
*Local Health Service*  
W. T. Sowder, M.D.  
Acting Director  
*Narcotics*  
M. H. Doss  
*Engineering*  
John B. Miller, Acting Director  
*Health Education*  
Elizabeth Fretwell  
*Laboratories*  
Pearl Griffith, Acting Director  
*Maternal & Child Health*  
Lucille J. Marsh, M.D.

## STATE BUREAUS—DIVISIONS JACKSONVILLE

*Public Health Nursing*  
Ruth E. Mettinger, R.N.  
*Vital Statistics*  
Edward M. L'Engle, M.D.  
*Epidemiology*  
E. F. Hoffman, M.D.  
*Tuberculosis*  
E. J. Teagarden, M.D.  
*Venereal Disease Control*  
R. F. Sondag, M.D.  
*Malaria Control*  
John E. Elmendorf, Jr., M.D.  
*Malaria Research*  
Tallahassee  
Mark F. Boyd, M.D.  
Rockefeller Foundation  
*Entomologist*  
W. V. King, Ph.D.  
Orlando  
U. S. Bureau Entomology

Florida Health Notes, published monthly on the 25th of the month by the Florida State Board of Health Publication office, Jacksonville, Fla., headquarters of the State Board of Health. The editors are not responsible for unsolicited manuscripts. Copy for publication must reach Jacksonville not later than first day of month preceding date of issue. Entered as second class matter, Oct. 27, 1921, at postoffice, Jacksonville, Fla., Act. of Aug. 24, 1912.

At this time of the year we are reminded that we should purchase Christmas seals, proceeds of which are to be used for the control of tuberculosis.

Tuberculosis is one of the very ancient diseases. In fact it was described by Hippocrates in 450 B.C., and later by Galen in 150 A.D., who emphasized its importance and speculated concerning its nature. It is the one disease in Florida which seems to have the greatest mortality. From 1917 to, and including, 1940 there were 24,499 deaths in Florida. Sixty per cent of these were negroes. That is, there were 14,699 deaths among negroes and 9,800 among the whites.

There have been many programs proposed for this disease but it seems to me that we have been tackling the disease from the wrong end of the line. It is naturally desirable that we should have hospitals for the care of the cases which have some hope of recovery. The present institution at Orlando is an excellent institution and much needed by the state.

Unless we do something to stop the source of infection of the disease, it will be many years before we get to the stage where we can see any reduction in the number of cases. The advanced case usually is very careless about the sputum, and it often happens that there are small children in the house of such individual. These small children get their hands contaminated and become victims of the disease. A few recover, but the majority of such children usually go on to active cases and many die. Unless some provision is made to isolate these advanced cases, we are going to produce more tuberculosis than we can cure. As soon as this is recognized by the state, we will stop the source of infection and in that way we will begin to get some control of the disease which proportionately causes more deaths than any other disease we have with the exception of worn-out heart and possibly cancer. Both of these are old age diseases.

HENRY HANSON, M. D.,  
*Florida State Health Officer.*

## ★ PRIMARY TUBERCULOSIS

by E. J. TEAGARDEN, M. D., *Director*  
*Division of Tuberculosis*

The term "primary phase" designates the train of events immediately following the first entrance of virulent tubercle bacilli into the body. Obviously, this may occur at any age; hence the term "childhood tuberculosis," formerly used for this process, should be discarded.

The tubercle bacilli are usually inhaled, and settle in the outer part of the lung. Here they produce inflammation, and a small patch of pneumonia develops. From this, the bacilli travel along lymph channels to the lymph nodes at the root of the lung. These, in turn, become inflamed and enlarged. These changes may or may not be visible in the x-ray, depending on their size and location.

In infants and those debilitated by illness or malnutrition, the bacilli occasionally gain access to the blood stream, and may produce a fatal tuberculous meningitis or generalized "miliary" tuberculosis. In the great majority of cases, however, nature's defenses are adequate to produce healing, either by absorption of the products of inflammation (resolution); by substitution of fibrous or scar tissue (fibrosis); by deposition of calcium or lime salts (calcification); or by any combination of the three. We then have the condition known as healed primary tuberculosis. This can be demonstrated by x-ray in some cases, but more often its presence is discovered only by the tuberculin test.

The tuberculin test becomes positive within a few weeks after the initial infection, and may or may not revert to negative after complete healing of the primary phase. A negative tuberculin test during the course of a fever is unreliable.



Clinically, primary phase tuberculosis tends to be a benign disease with few or no symptoms. In Negroes, in the very young, and in the presence of overwhelming infection, it may be serious and even fatal, but spontaneous recovery is the rule. Four simple measures will make recovery almost certain:

- 1) **Abundance of fresh air and sunlight to the naked skin, with avoidance of chilling;**
- 2) **Adequate, balanced diet, including one quart of milk and two teaspoonfuls of cod liver oil or its equivalent daily;**
- 3) **Rest and sleep up to ten, twelve, or more hours out of each twenty-four.**
- 4) *Immediate separation from the source of infection.* **The importance of this measure cannot be over-emphasized.**

It is unnecessary to add that the details and duration of treatment should be directed by a physician, with the guidance of periodic check by x-ray.

Children with *active* primary tuberculosis should be withdrawn from regular school *provided adequate home or institutional care can be given*. If this condition cannot be met, the best solution is probably for them to remain in school with observance of extra rest periods and with additional nourishment if the home diet is inadequate. *Sanatorium treatment is neither necessary nor advisable, nor is isolation recommended except for the purpose of rest, as these children are not a menace to their associates.*

*Healed or inactive* primary tuberculosis requires no treatment. The truth of this statement is obvious when one remembers that approximately one-half of all persons in this country are tuberculin positive, as shown by sampling surveys. In positive reactors under school age, it is important to try to identify the source of infection. As the age of the positive reactor increases, so do the numbers of his contacts, and search for a definite source of infection is likely to be fruitless.

## ★ FOLLOW-UP OF THE TUBERCULOUS

by CLIO McLAUGHLIN, R. N., *Nursing Consultant*  
*Bureau of Public Health Nursing*

Of what does follow-up or supervision consist? Certainly not merely a visit to the home of the individual with a few words of advice. There is an expression—"See through tuberculosis." In this seeing through, there are three phases: the social, as a community problem; the individual, as the patient's problem; and the medical, as the physician's problem. A combination of the three phases is necessary if we hope to obtain victory over the disease. Therefore, seeing through tuberculosis must end in seeing tuberculosis through.

In the State Board of Health we have tuberculosis reported from several different sources, such as mobile X-ray unit, laboratory, physicians, Selective Service Board.

The method of approach to any one of these groups is practically the same. Naturally, if the case is that of a private physician, a visit is made to the physician in order to ascertain whether or not he desires the services of the nurse.

If it is a case discovered through the Mobile X-ray unit, with no private physician, then the health officer, if there is one, and if not, the county physician, is consulted. If the case is out of town, the visit is usually made directly to the home of the patient; and the same procedure is followed with the Selective Service case.

The initial visit to any patient is made primarily to become acquainted, and to learn certain facts pertaining to the patient's household and surroundings. It also helps to instill a feeling of encouragement in the patient; at the same time making it plain to him that he has his part to play in getting well by following the advice of his physician and nurse.

Some authorities feel that in visiting a newly reported case, a weekly visit for the first month is not too often. In this way, the family can be instructed as to the care of the patient and of themselves, and the patient also has time to become oriented and adjusted to conditions. Such adjustment is one of the most difficult problems for the tuberculous to make, since the illness is probably to extend over a long period of time.

After the first month, visits must be regulated according to the need. This rests with the judgment of the nurse

and doctor. If the patient is to remain at home, then the nurse advises as to the arrangements of the patient's room, if it is possible to have a room for him alone. If he must share the room with someone, the nurse must see that there is adequate space between the beds, in order to safeguard the other individual. There should also be instructions as to the care of dishes and linen, and the disposal of sputum and excreta. Directions should be given for the proper diet. Also, the importance of isolating the patient, and keeping other inmates away from the patient, should be stressed. Precautions should be taken to safeguard those caring for the patient.

If complete bed rest is advised by the doctor, the patient and the family must be made to understand the meaning of complete rest. This means that the patient does not get out of bed for any purpose, nor does he sit up in bed.

The nurse must see that all inmates of the home are tuberculin tested and X-rayed. Depending upon the findings, she must see that the proper supervision is given. Should the patient be one in fair enough condition to be accepted in the sanatorium, the nurse advises the family of the importance of keeping up the hygienic measures, and also of rest and the proper diet.

Periodic visits are made to the home during the time of the patient's stay in the sanatorium. When the family is informed that he is well enough to return home, adjustments should be made before his return. The family should be advised that although the patient is in a safe condition to be at home, he is by no means able to enter into any strenuous activities.

Visits to this home must continue over a period of time to see that the patient has his sputum tests and his X-rays made. If pneumo is to be given he should be advised where it can be obtained, and informed of the cost.

As a majority of the cases among the low income groups who are unable to defray expenses for X-rays and pneumos, tuberculosis definitely becomes a community problem. The overhead expenses to the individual are more than he can take care of, and therefore the community must assume a share of the responsibility. For this reason, the community must be educated as to the source of prevention and care of tuberculosis, and must be aware of how money is spent, where it is spent, and for whom it is spent. In Florida we have the assistance of the State Tuberculosis Association in providing for X-rays and pneumos where it is beyond the reach of the individual.

Continued on page 201

## ★ STATE TUBERCULOSIS SANATORIUM

by R. D. THOMPSON, M. D.

*Superintendent and Medical Director*

Tuberculosis is curable. Their belief in this statement prompted the people of Florida to provide the State Sanatorium at Orlando, where the sufferers of tuberculosis would be given an opportunity to recover.

The time to begin sanatorium treatment is immediately after the patient's illness has been diagnosed as tuberculosis. No time should be wasted for he is dealing with one of the most serious, subtle and tricky diseases known to mankind. Drugs, medicines, serums and nostrums will not effect a cure. To try them out before coming to the sanatorium can only result in disappointment and perhaps the loss of the patient's only opportunity to recover.

Construction on the sanatorium was started in September 1936 and on February 1, 1938 the first patient was admitted. The capacity is 400 beds. The sanatorium is modern. There is a complete surgical and medical staff. A complete surgical set-up is maintained so that all forms of collapse therapy can be applied and carried out. There is a very complete and modern X-ray Department. The Clinical Laboratory maintains high standards, always ready for complete examination of blood, urine, sputa, etc.

Tuberculosis being, to a great extent, a nutritional disease, the Dietary Department is in complete charge of a qualified dietitian and an assistant. All meals are carefully planned so as to permit the proper serving of a high caloric and vitamin diet.

The sanatorium is under direct control of the State Tuberculosis Board. The per diem cost of \$3.00 is set by law. Of this \$3.00 per diem cost the counties are responsible for the first one-third, or \$1.00 per day, and the other \$2.00 per day is received from the annual budget for the sanatorium provided by the State Legislature. All patients are expected to pay if they are able to do so. If they are able to pay \$1.00 or less per day, that is paid direct to the board of county commissioners of the counties from which they come as under the law it is necessary for the sanatorium to bill each county each month for the first one-third hospitalization cost. If the patients are able to pay more than \$1.00 per day, they pay \$1.00 to the board of county

commissioners and the remainder to the State Sanatorium. This remainder in turn is forwarded to the State Treasurer at Tallahassee and same is credited to the State Sanatorium budget.

In order to gain admission to the sanatorium it is required that each applicant make application through his board of county commissioners as I must receive from the Board the patient's personal application, the attending physician's report and the approval of the board of county commissioners. These application blanks are forwarded to me, together with a recent (within 30 days) x-ray of the patient's chest so that I may determine whether or not the sanatorium has anything to offer the patient. In this manner far advanced, hopeless cases are not admitted to the sanatorium, thereby occupying beds which should be given to hopeful cases who have an opportunity to recover. No patients are admitted to the sanatorium unless they are legal residents of the State of Florida and the law specifically states that all applicants must have resided in the State of Florida one year prior to date of application.

No patients under the age of 16 years are admitted unless on x-ray evidence it is proved that they have an adult or lung type of tuberculosis. Childhood tuberculosis is primarily an infection of the glands around the root of the lungs and these cases are not admitted to the sanatorium because they are non-infectious and can make a good recovery at home.

It must be remembered that the State Sanatorium has only 400 beds to serve the tuberculous sick of nearly two million people in this state and it is the intent of the State Tuberculosis Board and the Tuberculosis Committee of the State Medical Association to admit only such cases in whom it is reasonable to believe a recovery can be established.

The State Sanatorium has always, and always will, endeavor to maintain the high standards of a modern institution so it can continue to be recognized by the American College of Surgeons, The American Medical Association and the American Hospital Association.

---

#### FOLLOW-UP OF THE TUBERCULOUS—Continued from page 199

All of the foregoing measures are necessary in a good follow-up program. The doctor and the nurse caring for a tuberculosis patient should have a professional, a medical, a workable, and a social knowledge of the disease.



## ★ TUBERCULOSIS AS A PROBLEM FOR HEALTH INSTRUCTION\*

School tuberculosis instruction, conducted for the education of the public so that tuberculosis can be eliminated gradually as a disease problem among our people, is a broad instruction program which is an integral part of the even broader program of general school health instruction. Just as health education must be compatible with and contribute toward the aims of general education, so tuberculosis education must be compatible with and contribute toward the aims of health education.

If this point of view is understood, it should be clear that teachers need not be "talking about tuberculosis" in many instances to be participating actively in the school tuberculosis instruction program. Many important phases of regular health instruction contribute just as vitally to tuberculosis instruction as they do to the development of general health knowledge, attitudes, and practices.

Tuberculosis is a communicable disease which is spread from one person to another in many of the same general ways in which several other common communicable diseases are spread. Tuberculosis instruction should be considered as a part of school instruction related to communicable diseases. The two major factors in tuberculosis prevention, as well as in the prevention of many other communicable diseases, from the standpoint of the individual, are:

- (1) **avoidance of contacts with great numbers of germs (in tuberculosis; tubercle bacilli)**
- (2) **maintenance of strong body resistance so that disease germs, including tubercle bacilli, are prevented from gaining a foothold and causing damage to the body.**

Logically, then, the health instruction which develops among children the understandings, attitudes, and practices which lead to their maintenance of strong disease-resistant bodies; and which causes them to avoid contacts with great numbers of germs, will not only be a part of sound general health instruction, but will also be definite tuberculosis instruction.

In addition, of course, at the best psychological times and at the proper grade levels, the specific facts about tuberculosis, as well as about other diseases, should be studied

---

\*From *School Tuberculosis Education, A Guide for Administrators and a Source Unit for Teachers*. Jacksonville, Florida, State Board of Health, 1943.

so that they are clearly understood by boys and girls. Attitudes and practices should be further developed through these understandings, so that the facts become meaningful. The story of tuberculosis is merely a part of tuberculosis instruction; it is by no means the whole. Merely presenting facts and statistics about tuberculosis alone will not only fail to accomplish the ends sought, but may even have negative results in instilling undesirable and morbid fear. Much tuberculosis education can be conducted very effectively when the word "tuberculosis" is not being used.

The way in which tuberculosis instruction is offered in various schools will be determined largely by the way in which regular health instruction is provided. Where health instruction is offered entirely through integrated or correlated courses, tuberculosis instruction should be likewise correlated. Where health is taught as a separate subject or in large units in various subject matter areas, so tuberculosis instruction should have a place in those units or courses where the relationship is greatest. Some schools use a combination of these curriculum plans. Regardless of curriculum organization, however, school administrators and teachers must make certain that definite plans are made for health and tuberculosis instruction throughout the grades.

Provided that the more general phases of tuberculosis instruction are being conducted throughout the grades of the school, it is highly recommended that definite units, concerned with the more specific phases of tuberculosis as both a personal and social problem, be planned for certain high school grades and courses.

Throughout all grades in school the development of sound daily health practices should receive major emphasis. Just as effective education manifests itself through actual improvements in the daily lives of our people, so tuberculosis instruction can be considered successful only as it develops *ways of living* which will make tuberculosis prevention a reality rather than a dream.

Health practices need continued guidance. Ways of living are not established during one study unit any more than they come about over night, or during an assembly program. Health problems of boys and girls related to daily living practices are real problems regardless of the child's grade level. They should be the concern of each teacher until they are satisfactorily solved, regardless of whether or not the problems were supposed to have been solved at an earlier grade level.

Continued on page 206

## ★ MOBILE X-RAY UNIT—1944

by E. J. TEAGARDEN, M.D., *Director*  
*Division of Tuberculosis*

Nearly every resident of Florida knows something about the Mobile X-ray Unit and the service it renders. It is our aim in 1944 to make this service the best that can be offered within the limitations of equipment and personnel. We are fortunate in having as X-ray Technician, Mr. J. W. Morehouse, who assisted greatly in construction of the Unit, and who has given a high quality of service in the past. Mrs. Morehouse now assists him in the Unit making his work even more effective. It must be remembered however that local cooperation is indispensable at every stage of the survey.

The survey divides itself into three parts. These are: (1) preliminary arrangements; (2) mobile unit visit; (3) follow-up.

Under preliminary arrangements we include setting up the schedule, deciding what groups or individuals to include in the survey, and through publicity or otherwise seeing that these persons are informed. Approval of the survey by county or district medical society is first required. Next, some individual or agency must assume responsibility for the survey, *including follow-up*. In organized counties this falls upon the county health officer. Elsewhere, the County Tuberculosis Association frequently assumes it, and in some cases it has been taken by the County Welfare Association, School Board, etc. It cannot be stressed too forcibly that *active local support, meaning work, is absolutely essential for the success of the survey.*

Dates are offered each county when a survey is planned, and the responsible person submits a tentative schedule to the State Board of Health, Division of Tuberculosis, for approval. At the same time, general plans are laid to include certain groups in the survey. For 1944, we particularly wish to x-ray the following:

- 1) **Contacts**—those exposed within the past five years to contact with active tuberculosis in (a) household (includes domestics), (b) occupation, or (c) school. Obviously, some discretion must be used in selecting only those who have had definite, close, and prolonged contact.
- 2) **Suspects**—those having symptoms suggestive of tuberculosis.
- 3) **Negroes and other racial groups.**
- 4) **The indigent and those in greatly reduced circumstances.**
- 5) **Those, who, by reason of occupation, would be a menace to the community if tuberculosis were present and undiscovered. Examples are domestics, food handlers, and all school employees, including teachers.**

For technical reasons, children under five years of age cannot be x-rayed by the Mobile Unit. Those under sixteen years, both white and colored, will be x-rayed, *but only if the request slip is checked as contact or suspect and signed by a physician or a nurse.* This rule is made because the mass x-raying of children is unprofitable in cases found, and because time devoted thereto denies Mobile Unit service to those who need it most.

The actual visit of the Unit needs no comment here, except to state that 400 persons daily can usually be x-rayed. After the visit, some weeks are required to process and interpret the films and mail out reports. The follow-up then begins.

Reports are mailed to the county health officer or other responsible person. When no disease condition is made out, the original request slip is simply stamped "negative" on the back and no further report is made. In all other cases, an original typed report is sent for forwarding to the referring physician, with a copy to be retained in the local agency's files. If further study is required to determine the presence or absence of tuberculosis, or its activity, definite recommendations are included in the report. *It is the privilege and duty of the local agency to cooperate with the medical profession in carrying these recommendations to a definite conclusion and reporting that conclusion to the State Board of Health, Division of Tuberculosis. Failure to do this will rob the survey of almost its entire value and nullify the time, money and effort expended on preliminary work and in the survey itself.* Time must not be lost, nor interest permitted to flag during the follow-up. Some of the cases found may require sanatorium or other treatment. Others may require isolation, examination of contacts, etc. Follow-up reports forwarded to the State Board of Health should classify patients somewhat as follows:

- 1) **Definitely not tuberculosis**
- 2) **Tuberculosis, active (indicate disposal made of case).**
- 3) **Tuberculosis, inactive (indicate disposal made of case).**
- 4) **Further study required and being carried on (in which case a subsequent report should be made when a definite diagnosis has been established).**

In the past, patients with negative reports have been worried by failure to hear from them. This year, with the assistance of the Florida Tuberculosis and Health Association, we plan to furnish negative report cards for mailing to those persons.

In conclusion, let us not forget that the purpose of the Mobile X-ray Unit is not to make a final diagnosis. It serves merely as a low-cost "screen" to separate those with no demonstrable chest disease from those requiring further study.



## TUBERCULOSIS AS A PROBLEM—Continued from page 203

The different phases of tuberculosis should also receive varying emphasis based upon student needs and interests. Since tuberculosis is not as serious a problem among elementary school children as it is among high school or college groups, elementary school instruction should give greatest emphasis to the development of practices and attitudes which contribute to growth and the strengthening of body resistance, to preventing colds and weakening childhood diseases, to immunizations, nutrition, sleep and rest, exercise, cleanliness, elimination, and others; while high school instruction should be directed, additionally, to a more specific study of tuberculosis as a disease problem.

At all times tuberculosis instruction should be a closely coordinated part of the larger tuberculosis education program which includes the health service and healthful school living procedures described previously. Teacher-pupil participation in securing disease histories and in the tuberculosis case-finding program should provide centers of interest upon which instruction is based. The instruction program should serve to develop clear understandings and favorable attitudes toward such health service procedure. Classroom plans for improving the use of school facilities, for maintaining hygienic classroom and study conditions, and other healthful school living procedures are all closely related to the development of the same sound practices for which the instruction program strives. These should be considered as one correlated educational process, wherein the instruction program promotes healthful school living practices and the school situation provides daily opportunities for practicing what is learned during instruction periods.

### RESIDENT DEATHS FROM TUBERCULOSIS(all forms)AND RATES PER 100,000 POPULATION BY COLOR, FLORIDA, 1933-1942

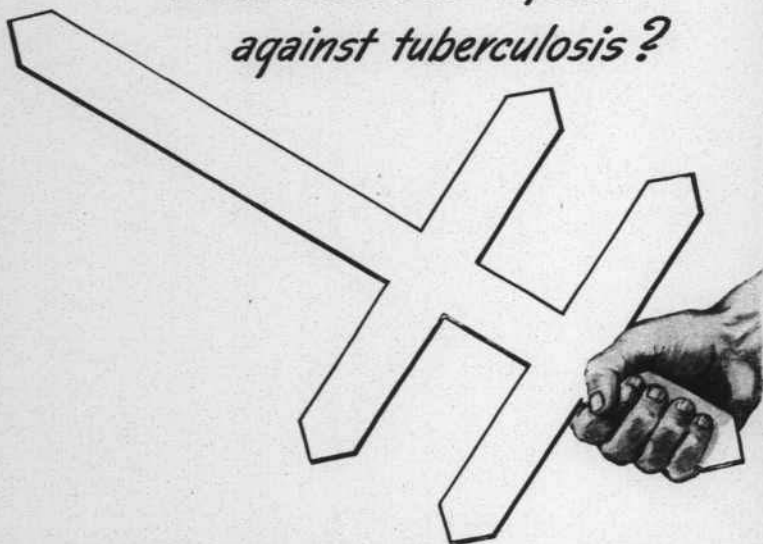
YEARS	TOTAL		WHITE		COLORED	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
1942	867	45.3	368	26.4	499	96.4
1941	927	48.5	364	26.1	563	108.7
1940	973	50.9	375	26.9	598	115.5
1939	931	50.2	371	27.6	560	110.2
1938	1012	56.4	420	32.4	592	118.8
1937	967	56.8	412	33.0	575	117.7
1936	925	55.1	399	33.3	526	109.9
1935	908	56.0	395	34.3	513	109.4
1934	961	60.6	386	34.3	575	124.6
1933	1045	67.2	397	36.0	648	143.7



# RESIDENT DEATHS FROM TUBERCULOSIS(all forms)AND RATES PER 100,000 POPULATION BY COLOR, AND BY COUNTIES, FLORIDA, 1942

COUNTIES	TOTAL		WHITE		COLORED	
	Deaths	Rates	Deaths	Rates	Deaths	Rates
State	867	45.3	368	26.4	499	96.4
Alachua	18	46.5	7	30.8	11	68.9
Baker	3	46.1	1	20.0	2	132.4
Bay	4	19.2	4	24.1	0	—
Bradford	2	22.9	2	30.8	0	—
Brevard	5	30.8	3	27.5	2	37.7
Broward	13	32.0	4	15.2	9	63.0
Calhoun	1	12.2	1	14.3	0	—
Charlotte	2	54.6	2	66.9	0	—
Citrus	1	17.1	0	—	1	59.0
Clay	1	15.5	0	—	1	57.6
Collier	1	19.5	0	—	1	55.2
Columbia	6	35.4	4	38.4	2	30.6
Dade	126	46.3	58	26.2	68	134.6
DeSoto	1	12.8	0	—	1	62.7
Dixie	4	56.5	2	50.2	2	64.7
Duval	165	77.9	41	28.7	124	179.8
Escambia	31	41.0	18	31.1	13	73.1
Flagler	0	—	0	—	0	—
Franklin	2	33.4	1	25.0	1	50.1
Gadsden (Ex.)	10	37.1	0	—	10	63.0
State Hospital	28	561.1	13	404.7	15	843.6
Gilchrist	0	—	0	—	0	—
Glades	0	—	0	—	0	—
Gulf	2	28.0	1	21.3	1	40.8
Hamilton	2	20.4	1	17.7	1	24.2
Hardee	4	39.4	2	21.2	2	275.9
Hendry	1	18.8	0	—	1	52.4
Hernando	2	35.4	0	—	2	125.0
Highlands	1	10.8	1	13.7	0	—
Hillsboro	109	60.1	67	44.8	42	132.5
Holmes	0	—	0	—	0	—
Indian River	8	89.1	3	47.6	5	186.7
Jackson	13	37.8	1	4.5	12	96.7
Jefferson	7	58.2	2	49.7	5	62.4
Lafayette	0	—	0	—	0	—
Lake	12	44.0	6	30.5	6	78.9
Lee	7	39.9	2	14.7	5	125.4
Leon	5	15.7	0	—	5	31.0
Levy	1	8.0	0	—	1	20.7
Liberty	0	—	0	—	0	—
Madison	3	18.5	2	23.6	1	12.9
Manatee	6	22.9	2	10.3	4	57.9
Marion	14	44.8	4	22.6	10	73.5
Martin	0	—	0	—	0	—
Monroe	8	56.7	8	69.3	0	—
Nassau	6	55.0	3	41.3	3	82.1
Okaloosa	1	7.7	1	8.5	0	—
Okeechobee	0	—	0	—	0	—
Orange	44	62.3	13	24.3	31	181.2
Osceola	2	19.7	1	12.4	1	48.5
Palm Beach	40	49.2	9	17.2	31	107.1
Pasco	2	14.2	2	16.9	0	—
Pinellas	45	48.3	32	41.6	13	79.5
Polk	22	25.3	12	17.6	10	53.9
Putnam	4	21.4	2	18.5	2	25.4
St. Johns	4	19.9	0	—	4	56.2
St. Lucie	3	25.0	1	12.7	2	48.5
Santa Rosa	5	31.0	1	7.1	4	206.2
Sarasota	7	43.1	0	—	7	195.1
Seminole	13	58.3	2	17.3	11	102.3
Sumter	4	36.1	2	25.0	2	64.8
Suwannee	0	—	0	—	0	—
Taylor	4	34.5	3	37.9	1	27.2
Union	7	98.7	2	39.8	5	242.1
Volusia	19	35.3	14	35.8	5	33.9
Wakulla	1	18.3	1	27.6	0	—
Walton	1	7.0	1	8.1	0	—
Washington	4	32.5	3	29.9	1	44.2

*What is the best defense  
against tuberculosis?*



**F**IGHTING men say that attack is the best defense. And this holds true in the battle against our greatest unseen enemy—the dread tuberculosis that still kills more people between the ages of 15 and 45 than any other disease.

TB is no respecter of persons or homes—over night it may strike you, your family. One strong safeguard is your annual purchase of

Christmas Seals, which has helped a gallant army of volunteer laymen and doctors cut the TB death rate by *seventy-five per cent* since 1904.

Your help is needed now to prevent a wartime rise in tuberculosis. To protect your home . . . and every home in America . . . send in your contribution, *today, please!*



## BUY CHRISTMAS SEALS

Because of the importance of the above message, this space has been contributed by

FLORIDA  
STATE BOARD OF HEALTH